CHURCH LEADERS AS CAREGIVERS OF FAMILY MEMBERS

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To my loving mother, PeeWee; my wonderful and amazing husband, Linval; my four handsome and talented sons, Errole, Audi (Jacquelyn), Brandon, and Joshua; and my four adorable and delightful grandchildren, Zayla Evelyn-Gussie, Audi Levi, Aiden Joshua, and Brandon Alexander.

To God be the glory!

“To whom much is given, much will be required.”
(Luke 12:48)

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ABSTRACT

This study examined the readiness of pastors and church leaders to take up the role of physical, emotional, and spiritual caregivers of family members who cannot care for themselves. The primary objectives were to explore the experiences and challenges faced by pastors and church leaders, and to recommend further study, plus the development of training modules or workshops for pastors and church leaders in spiritual, and self or Christian soul care roles with family members.

The theological foundations showing how the Bible views caregivers in the Old and New Testament are looked at in a variety of ways, all of which offer practical advice to a caregiver.

A review of the current literature on physical, emotional, and spiritual caregiving—as it relates to the overall concerns of anyone who provides such care—was conducted to better understand the challenges pastors and church leaders may face while ministering to and caring for a family member.

The results of the study were based on an analysis of data collected from pastors and church leaders' experiences as caregivers, spiritual caregivers, and Christian soul and self-care.

CHAPTER 1

THE PROBLEM AND ITS SETTING

Introduction

Sometimes our lives present several challenges. As the population ages, living longer poses problems for the families or individuals who must become caregivers to aging relatives. The National Alliance for Caregiving (NAC) and the American Association of Retired Persons (AARP) reveal an increase in the number of family caregivers in the United States of 9.5 million over the period 2015 to 2020.[1] Family caregiving now involves more than one in five Americans. The study also reveals that family caregivers are in worse health than they were five years ago. As the demand for caregiving rises, it is most likely that for many in America's future, caregiver skills will need to be developed by a family member.

Personal Experience

In the second year of my DMin Residency program, I faced a challenge, which was predestined to increase my faith in God. This was my God-given assignment to develop a "you-can-do-it" way of thinking. While unprepared to be a part of it, I found myself facing this challenge. I don't ever recall entertaining any thoughts in advance, and I would have considered it morally wrong to associate it with the need for any time of self-care. It happened so suddenly. I was ushered into a role I could never have imagined. It was the most completely foreign experience I had ever encountered. It was not by choice; it was determined by other people that I take on the challenges that were coming my way. As a result, I became part of what I call a

1. The National Alliance for Caregiving, "Caregiving in the US 2020," https://www.caregiving.org/caregiving-in-the-us-2020 (accessed February 8, 2021).

highly challenged group, because those of us in this group have all shared the same common unifying purpose: taking care of a family member as a labor of love.

When accepting the assignment, I became aware that there were others who had been selected to be members of this group, that there were others who had trodden the same path and thus had knowledge about how to navigate some of the potential pitfalls along the way. It was comforting for a moment to know that I was going to follow in the footsteps of other caregivers, but when your feet tread that path, things are seen for what they really are, and are not as you thought or hoped they would be. As a church leader in a family caregiver role, and being at first unprepared for this God-given assignment, I began to doubt whether my home environment would be supportive of, or conducive to the situation. Nevertheless, each person in my immediate family played their different roles in the assignment. Each had his or her own unique abilities. Daily hands-on care did not come easily, as expected, but nurturing from different family members did help, as the days rolled on and they did their part.

My church family, full of compassion and emotionally caring, did help, but most of them have full-time employment. Furthermore, my pride did not allow me to ask for additional help from my church family, because I did not want to give them my responsibilities. So, in return, they gave their support mostly in the form of love and emotional care. Their thoughts were encouraging and appreciated as my mother grew weaker and could no longer leave her bed. It was hard. It was like being in an “air-tight quarantine bubble” with no-one to turn to but God and the medical doctors. Of course, harking back to the quarantine bubble, any assistance received was largely contingent on my willingness to ask. I realized quickly that regardless of how many people there are in an immediate family, not everyone is a natural caregiver and knows what to

do. However, others in the family provided care from the sense that "it's a one-time thing" or as "an expression of love for someone in need of help."

Sometimes a caregiver has hard tasks to perform, and caring for a loved one doesn't always work well for everyone. Reflecting on my experiences, preparing for the role of a family caregiver meant that certain self-sacrifices needed to be made. However, the overall prospect of caring for a family member is not necessarily a hard thing to do if one is willing to do things one was never prepared to do. I can't go back and right the mistakes I made on this journey, but I can change my way of thinking about the assignment that was given to me. I have no regrets about my decision to become a family caregiver; it was the right thing to do. With the ability to take an honest look at what is happening, and by adapting to the challenges one must face, no matter what, a person can make the necessary adjustments. This is especially true when caring for a family member. It is like having a spontaneous shouting outburst with God while going down a gushing waterfall, when all the while He is the one paddling the canoe. Without a doubt, I learned a lot about being the caregiver of a family member, and it is not for the faint-hearted.

Providing care for a family member with restricted capabilities can be a burden to a pastor or church leader. That person must balance their caregiving tasks along with managing their pastoral/church duties and responsibilities. When issues surface about the future of a family member, this can add more tasks that need to be done. According to one study, 90 percent of caregivers said, "completing things, resolving conflicts, and saying goodbye were extremely important to do" while 20 to 25 percent recorded, they felt "unprepared for the aftermath."[2] Do

2. Randy S. Hebert, Richard Schulz, Valire C. Copeland, and Robert M. Arnold, "Preparing Family Caregivers for Death and Bereavement: Insights from Caregivers of Terminally Ill Patients," *Journal of Pain and Symptom Management* 37, no. 1, (January 2009), 1.

pastors and church leaders really understand how much personal caregiving and self-care is needed when a family member becomes unable to care for him or herself? How prepared is a pastor or church leader as a physical and spiritual caregiver when faced with the task of taking care of a family member? No matter how much God has prepared us for this role, when challenging or difficult times come, we discover things about ourselves that we may not have known before.

When my mother became ill, the whole family, both spiritual and natural, suffered. My religious faith got me through the hard times but being a personal caregiver for a family member meant seeking God more during the rough times as well. In my church it is the responsibility of both the pastor and the church leaders to preach, teach, evangelize, and care for people physically, emotionally, and spiritually. The pastor and church leaders share ministry with the congregation, but the pastor is the overseer of the church. This study will focus on the readiness of pastors and church leaders to be personal and spiritual caregivers to family members who need assistance due to health or physical needs, while at the same time continuing their role of ministering to God's flock.

Perspective as a Caregiver for Body and Soul

A compelling body of evidence suggests "[m]any caregivers experience negative psychological effects" from the caregiving challenge.[3] Anyone who has gone through this kind of life-changing ordeal can speak about how it has changed their perspective on life. However, the physical, emotional, and spiritual challenges are just as real for the family member being

3. National Center for Biotechnology Information, "Family Caregiving Roles and Impacts," November 2016, https://www.ncbi.nlm.nib.gov/books/NBK396398/Family Caregiving Roles and Impacts.

cared for and the ailments that family member suffers are usually worse than anything the caregiver must deal with.

As a church leader and the personal caregiver of my mother, I experienced both positive and negative feelings. Being overwhelmed by her declining condition was an exhausting labor of love. The cancer spread to other parts of her body, and I didn't know if it made sense to continue the debilitating treatments. As a family caregiver, I felt hopeless (but nevertheless hopeful that a miracle could happen), helpless (but nevertheless reliant on God for healing) and questioning (what more could I do?) because my mother was going to die. Obtaining all the information required was good, but getting a second opinion was even better. In the past, getting a second opinion had been important to me personally, because it had changed a situation from "this is cancer spreading throughout your body" to "it's only a hemangiomas cyst in your jawbone." Despite what was going on in my situation, God's grace helped me to stay the course and to faithfully fulfill my assignment as a family caregiver. He gave me peace of mind knowing that I was doing all that I could.

In supporting my mother in her illness, my ministry was on hold for a while. I didn't accept any outside speaking engagements and limited my activities as a church leader. I became obsessed with wanting to know more about her condition and questioned every move the doctors were making. I needed to understand what was going on medically, physically, and emotionally with my mother's illness and to learn everything I could about it. I needed explanations because my mother was not getting any better. I began seeking alternative ways and different treatments from her surgeon, cardiologist, and oncologist. It was beneficial staying in touch with them because of the way the different ailments accelerated after one colon surgery.

As my mother continued to decline physically, I became involved in her personal care, including daily bathing hygiene, dressing, changing her ostomy bags, feeding her, providing transportation to/from her appointments, and listening to her repeated stories. These efforts at being polite were gratifying because they involved not only her physical and emotional care, but my spiritual healing as well. I endured those moments but did not want to accept the reality of what was happening. However, my religious beliefs, daily prayers, meditation, fasting, and reading encouraging Scriptures got us through those dark days and challenging times.

It was surprisingly troublesome and nearly impossible to find comforting words to say to my mother, let alone provide soul care, since she was not improving. Sharon Vander Waal writes, "A caregiver has to protect his or her own needs in order to be able to attend to the needs of the loved one who requires constant care … a caregiver needs to attend to his or her [own] spiritual needs."[4] After all the ups and downs with my mother, it became apparent that ministering to oneself is a daily necessity in order to survive in terms of Christian soul care.

In the final days of counting down to the unavoidable, counseling my mother to make the best-informed decisions about her illness was a conversation neither one of us wanted to have. By acting as if everything was all right in the beginning, I avoided the Loch Ness monster of her illness that was lurking in my swampy mind. Having it all together, being composed, and showing a strong face for my mother's sake by staying positive and upbeat in front of her was internally agonizing. We dealt with the harrowing experiences of her suffering from anxiety, the stress caused by confusing out-of-state medical insurance regulations, and the difficulties navigating the health-care system during her weekly oncology and chemotherapy visits. Even

4. Sharon Vander Waal, *Dear Caregiver: Reflection for Family Caregiver* (Maitland, FL: Xulon Press, 2014), 34.

handling her finances, her assets and debts, and her legal matters was frustrating because she did not have a living will in place. Some of us never think of death or prepare ourselves for it; however, when there were no further treatment options available, my heart began to ache even more.

Despite the many setbacks, I continued to encourage my mother to look to God, even when I really didn't want to see or let her go. She did not want any medical intervention and requested a "Do Not Resuscitate*"* (DNR) order. Knowing her wishes, I was spiritually torn, and had a mind and heart wrenching experience watching her soul dwindle away daily. But my faith remained intact, believing there is hope beyond the grave. Opportunities to talk to my mother about spiritual matters were limited, because she saw me as her daughter and not as a church leader or minister. Judith Shelley notes, "When spiritual care was enabled, nurses saw their patients settling well and finding peace of death"[5] From my experiences in ministry, I agree that anyone who has unmet spiritual needs has a higher risk of a low sense of worth and lack of spiritual peace. Shelley continues by saying that deep down inside most people want spiritual care and support from others.

Of course, there are things I regret. In hindsight, I regret not staying with my mother in her own home while she was ill. She would have loved dying in her hometown, Georgia. My thinking was that moving her to Boston would give her better access to medical resources. My home preparations included converting one of my son's bedrooms into a semi-private hospital room, equipping a mini-bathroom with a special shower chair, and becoming her private nurse, hand-delivering some of her favorite meals. Now I know this did not give her all the spiritual

5. Judith Allen Shelley, *Spiritual Care: A Guide for Caregivers* (Downers Grove, IL: Inter Varsity Press), 1.

care she needed; after all, I was the daughter caregiver. I was so engrossed in being a caregiver and so concerned about her physical comfort and medical needs, that my mother's soul care took a less important place. Martha Hickman writes, "Sometimes when I am feeling down, I am my own worst enemy. Let me be my friend."[6] It is so easy to become discouraged during these challenging times, but the Scriptures are my aide-mémoire to staying positive when life's sprinkler system dampens the spirit. As a spiritual caregiver, "walking the talk" and "talking the walk" in serving as one of God's ambassadors and representing Christ through faith to anyone in spiritual need, were the challenges I was facing.

The June 2006 issue of the *Southern Medical Journal* featured a series of articles about the "Spirituality/Medicine Interface Project," highlighting the contribution of pastoral care professionals to the healing process as one of the "hidden assets."[7] A pastoral counselor or spiritual caregiver is important to the emotional and religious support of anyone approaching the end of life. Unfortunately, my mother's pastor lived out-of-state and had only limited telephone availability. At her end-of-life, my mother was unable to receive personal rites from her pastor, though my husband and I were there to give her last rites. I am not sure if she was aware of our presence in her comatose state, but it is nevertheless clear that as a caregiver or spiritual caregiver, we are acting as obedient servants of God making caring one of the focal points, as we received His grace and mercy in showing compassion. My memories of my mother will always be of her going out of her way to satisfy me and the rest of her family.

Summing up my experience as a personal and spiritual caregiver, I can say it was a God-given assignment that allowed me to renew my faith; and it strengthened my ability to have more

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6. Martha W. Hickman, *Healing after Loss* (New York: HarperCollins Publishers, 1994).

7. R. C. Hamdy, "Chaplains, the Hidden Assets," *Southern Medical Journal* 99, no. 6 (June 2006), 638.

understanding, compassion, patience, coping skills and less frustration with others. I appreciate that I can share the Word of God with others and have now gained the skills to be a personal and spiritual caregiver to my own family member.

The Role of a Caregiver, Spiritual Caregiver and Christian Soul Carer

Health professionals recognize that healthcare involves treating the whole person--body, soul, and mind. Such holistic treatment can help improve both health and quality of life. These aspects (body, soul, and mind) are part of us and are also present with us during our illness. In this section, I define and explore the functions of a caregiver, spiritual caregiver, and Christian soul carer in our culture.

Caregiver

An American worldwide employment website of job listings defines a caregiver as a person who is trained to assume responsibility for the physical and emotional needs of someone who is incapable of self-care.[8] The caregiver often assumes the role of the primary communicator of the family. Caregivers are supposed to know more about the person in their care than anyone else. Even though handling the questions and concerns of my mother, my early denial of her illness meant I did not want to assume the role or responsibilities. It sometimes became a little overwhelming to return phone calls. Victoria Landes, a licensed social worker, writes, "It is important that caregivers in the primary communicator role make their needs known in terms of both practical and emotional support."[9] Unfortunately, I did not make my wishes known and it became somewhat taxing and frustrating. I did not know if others understood that

8. Indeed.com, "Caregiver, Job duties," https://www.indeed.com/caregiver/job-duties/. Accessed September 17, 2021.

9. Victoria Landes, *The Caregiver's Guide to Cancer: Compassionate Advice for Caring for You and Your Loved One* (Emeryville, CA: Rockridge Press, 2021), 963.

there wasn't enough time or energy in the day for individualized phone calls, texts, or emails. So, from personal experience, it is helpful to be clear about the best way of communicating updates on a family member's condition.

Another priority of a caregiver is the safety of the family member in his or her care, especially if they are growing weaker or are unable to care for themselves. Landes notes that having an occupational therapist do a home safety assessment to make recommendations or provide resources in terms of outside help is necessary. But I was reluctant to accept any outside help at first. When it came down to the final days, my mother's treating physician initiated a conversation about hospice care and suggested contacting hospices to request an informational visit; but my mother did not want them to come out. She couldn't get around by herself and would sit in a chair and fall asleep until I came to help her out. I thought about having someone else come in, but never had the chance to do it. My mother's condition worsened; she never regained sufficient strength to get out of bed again. She went to the hospital for the last time, and there was an ache in my heart. She succumbed to colon cancer on January 21, 2021, at 2:10 a.m. Yes, a caregiver needs to recognize when more care is needed and put a plan in place to coordinate a home-care program for outside help to come in.

The word "caregiver" can mean many different things to different people. In my culture, it is the norm for a family member to be the caregiver of a loved one, rather than having that person institutionalized. This family member is usually a child (most often a daughter). This tradition is passed down from generation to generation, and I grew up with the understanding that someone in the family would make every effort to provide care. The AARP's report, "Caregiving in the U.S. 2020," states that women provide 61 percent of caregiving in the United States.

But I was not prepared. Nevertheless, I managed to provide the daily provisions for my mother's care. I needed to do this and was the one best suited to do it, yet I was not trained to handle her medical care. Overall, being assigned this task was well worth it. The National Alliance for Caregiving notes, "34.2 million Americans currently provide care for a family member or loved one."[10] Despite these numbers, caregiving can be challenging and demanding. The literature also reports that caregiving often includes advocating for loved ones, coordinating providers, and performing tasks of medical care at home.

According to a study by CARE-NET, other activities that caregivers provide include: Offering companionship, and emotional or moral support ("sitting with"), activities that can be rewarding yet involve no financial cost; providing transportation; shopping; monitoring health and welfare and administering medication; preparing meals; lifting and assisting with movement; scheduling medical appointments; tending to pets; paying bills; acting as an advocate in medical and legal matter.[11]

AARP's report states that 51 percent of caregivers feel their role has given them a sense of purpose or meaning in life. It is rewarding to be a personal caregiver. God allows us to experience His love in the role of a personal caregiver. The Apostle John writes that Jesus said, "My command is this: Love each other as I have loved you. Greater love has no one than this: to lay down one's life for one's friends." (John 15:12-13). While we do not literally lay down our lives for someone, we can choose to go out of our way to help, even though it may be personally inconvenient. We can do all this through Christ who daily gives us strength (Philippians 4:13).

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10. The National Alliance for Caregiving, "Caregiving in the US 2020,"

11. Roselyn Carter, with Susan K. Golant, Helping *Yourself Helping Others* (New York: Random House: New York, 1994), 47-48.

Spiritual Caregiver

Christians believe that there is something beyond the physical realm of the body: an eternal realm in which the human soul can live forever. When God blew the breath of life into the nostril of the first human being, according to Genesis, that man became a living soul, a person with the capacity to live forever. In *Spiritual Caregiving as Secular Sacrament: A Practical Theology for Professional Caregivers*, Ray Anderson writes, "To be caregivers is to be committed to the task of seeing and seeking the good of human existence within the context of a community which supports and sustains human life at its fullest potential."[12] He goes on to say that we are spiritual beings, having human experiences of connection to something bigger than ourselves and beyond material reality. Our being therefore requires a spiritual kind of care, especially as we walk through the valley of the shadow of death. Anderson continues, "Spiritual caregiving becomes a secular sacrament through which [spiritual] doors are open, and the Spirit of God breathes once again the gift of life into our mortality."[13]

"The soul's deep longing to know God," Judith Shelley writes, "is a basic human need."[14] This need is built into us and will remain in us as our spirituality even when we die. Therefore, a spiritual caregiver is someone of faith who helps the person being cared for with their spiritual needs for knowledge and relationship with God which give meaning, purpose, and value to life. Of course, there are different spiritual perspectives—Buddhism,[15] Hinduism,[16] Taoism,[17]

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12. Ray S. Anderson, *Spiritual Caregiving as Secular Sacrament* (Philadelphia: Jessica Kingsley Publishers, 2004), 24.

13. Anderson, Spiritual Caregiving as Secular Sacrament, 178.

14. Shelley, *Spiritual Care,* 67.

15. National Geographic, "Buddhism," https://www.nationalgeographic.org/encyclopedia/buddhism/. Accessed November 13, 2021.

Shamanism,[18] Islam,[19] and more—but the perspective of this study is Christian, and the focus is upon churches within the Christian faith community.

While there is no single definition for spirituality, Christian spiritual caregivers focus on the person's physical, emotional, and spiritual needs from the perspective of Christian faith and practice. Providing support by listening to a person's fears and concerns is like being a sponge absorbing uncertainties, while reading from Scriptures can uplift the spirit and bring hope. A spiritual caregiver can also reflect the life and love of God by just being in the room. As a pastor, one serves a more obvious priestly function, speaking God's Word, praying on the person's behalf, even celebrating last rights.

Interacting with my mother as spiritual caregiver was different than for members of my congregation, since she perceives me chiefly as her daughter, not her Pastor or even the First Lady of the church. However, the Christian spiritual caregiver can always demonstrate a Christ-like attitude in sharing words of hope with the person in his or her care.

Christian Soul Care and Self Care

Soul care is taking time to care for someone's spiritual well-being. It is often used interchangeably with spiritual care, but in the context of this study the focus of soul care is on

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16. History.com, "Hinduism," https://www.history.com/topics/religion/hinduism/. Accessed March 16, 2023.

17. National Geographic, "Taoism," https://education.nationalgeographic.org/resource/taoism/. Accessed March 16, 2023.

18. Britannica, "Shamanism," https://www.britannica.com/topic/shamanism/. Accessed March 16, 2023.

19. Britannica, "Islam," https://www.britannica.com/topic/Islam/. Accessed March 16, 2023.

maintaining a healthy soul through self-care. The world has many self-help books, but it is God who creates and heals the inner being of humans as they navigate their lives and the life to come. Then, the greatest need anyone has is for soul care, i.e., inner peace and spiritual well-being. "What does it profit a man to gain the whole world", Jesus asked, "if he loses his own soul?" (Mark 8:36)

In Greek, the word "soul" is *psyche,* from which we get the word psychology (the study of the soul). Our soul is the nonphysical part of our being, usually associated with self-conscious, mind and emotions, which allows us to relate to each other. Although we can become physically and mentally exhausted, it's our soul that holds everything together. But, if our soul fails, we cease to exist as a person. And it is our souls which will continue beyond earthly life and be united with a resurrected body in the life to come. But since our soul comes directly from God, it is a mystery, and our understanding of "the soul" offers only a small glimmer of what it truly means.

Thomas Moore, in *Care of the Soul*, says, "Soul is the font of who we are, and yet it is far beyond our capacity to devise and to control. We can cultivate, tend, enjoy, and participate in the things of the soul, but we can't outwit it or manage it or shape it to the designs of willful ego."[20] In a similar manner, Gregory Jantz suggests that soul care involves planning with hope, which gives Christian life stability, since hope is called the anchor of the soul (Hebrew 6:19). [21] "But hope is not simply a 'wish'," Jantz says. "Rather, it is that which latches on to the certainty

20. Thomas Moore, *Care of the Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life* (NY: HarperCollins Publishers, Inc, 2003), 12.

21. Gregory L. Jantz, PhD and Keith Wall, *Soul Care* (Carol Stream, IL: Tyndale House Publishers, 2019), 8.

of the promises of the future that God has made."[22] Therefore, we must discipline our lives to care for our soul. Jantz notes that the most important spiritual discipline to adopt in daily life is prayer. There will always be uncertainty and suffering in the world. But by faith, God can meet us where we are and carry the challenges of our soul. God is the source and strength of our soul.

Good soul care also involves intentional quiet time. Because we are constantly bombarded with so many activities and tasks, we lose sight of what matters the most--our soul. It is humanly possible for the body to keep going without ever stopping to rest, because our mind pushes us to continually labor at the expense of our physical, emotional, and spiritual needs. We need quiet times with God and His Word to keep our spirits alive and souls strong. Such quiet time can be spent in prayer or meditating on the Scriptures, or both. Everything has its own time, and we need to take the time to appreciate the Word and what God has to say.

Jesus gives us the perfect example, for He often moved away from His disciples just to have quiet times with His Father:

- *Matthew 26:36:* "Then Jesus went with his disciples to a place called Gethsemane, and he said to them, 'Sit here while I go over there and pray.'"
- *Mark 1:35:* "Very early in the morning, while it was still dark, Jesus got up, left the house and went off to a solitary place, where he prayed."
- *Luke 5:16:* "But Jesus often withdrew to lonely places and prayed."

Jesus lived his life in constant prayer. He started and ended His day communicating with God. In *Steps to Christ,* Ellen White writes, "His humanity made prayer a necessity and a privilege."[23] Jesus saw the need to communicate with His Heavenly Father, and we should

22. Gregory Jantz, *Soul Care,* 8.

23. Ellen G. White, *Steps to Christ,* (Mountain View, CA: Pacific Press), 1908, 94.

follow His example in seeking a quiet time. The length of that quiet time is not the most important thing. What really matters is spending it with God, meditating on His Word, as well as communicating with Him.

Worshiping is another form of Christian soul care. A significant part of our time as a Pentecostal congregation is spent in Praise and Worship services. We set aside time to glorify God in a variety of ways, according to our faith traditions, just as other churches do. While our church's worship services are more traditional free church style—with a choir, soloists, congregational hymns from 18th, 19th, and early 20th century,[24] and spontaneous praise and prayers—other churches worship in different ways. Some are more contemporary, with newer songs led by a band with singers,[25] others more liturgical,[26] with set prayers and ancient order of worship, and some are in what is sometimes called an emerging church style, combining ancient practices and contemporary music in new and creative ways.[27]

In worshiping God no one style of worship is necessarily better than another. Worship comes from the heart in order that one might enter God's presence. Since God created us to be worshipers, we either worship the Lord God or create an idol to worship. "God blesses those who

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24. Church of Jesus Christ, "History of Hymns," https://www.churchofjesuschrist.org/media/collection/history-of-hymns-podcasts-archived?lang=eng/. Accessed December 1, 2021. The original text came from a Swedish preacher, Carl Gustav Boberg.

25. Al Stillman, Irvin Graham, Ervin Drake, and Shirl Jimmy, "I Believe" (Island Medley song by American gospel singer-songwriter Jonathan Nelson, released on the "Fearless" (2016) album, *December* 1, 2021.

24.The Theology and Worship Ministry Unit for the Presbyterian Church (U.S.A) and the Cumberland Presbyterian Church, Book of Common Worship Daily Prayers (Louisville, KY: Westminster John Knox Press, 1993), 11.

27. Tasha Cobbs Leonard, "I'm Getting Ready," https://www.you tube.com/watch?v=t33El1ADYhw/. Accessed December 1, 2021.

worship Him and brings curses on those who worship idols" (Exodus 20:3-4). Therefore, we should worship God alone to bless our souls. Songs can draw attention to God's promises and characteristics if we come before Him with an open and listening ear in worship.

Journaling is another way of practicing Christian soul care. Christian journaling is used to build a relationship with God by writing down our thoughts about God and his Word, whereas a diary is used for recording personal memories. My understanding is that with journaling we can be completely honest with God about our thoughts and emotions, since He already knows what is in our hearts and heads. He doesn't care about our handwriting or grammar because it is our way of communicating with Him. Journaling helps rid us of anxieties by writing them down and by remembering and recording what God has already done in the past and His promises to be with us in the future. Therefore, using journaling for Christian soul care is a way of gaining hope, as well as of combatting grief.[28]

God cares for the whole person, and so should we. We serve "the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God" (2 Corinthians 1:3–4). From a Christian perspective a person outside of Christ is spiritually dead and unable to respond to God in an acceptable way. "For those who live according to the flesh set their minds on the things of the flesh, but those who live

28. There are several ministries dedicated to helping Christians develop healthy soul care, including: *Larry Crabb's Legacy Event,* which offers soul care teaching; *The Chaplaincy Institute,* which offers spiritually based awareness training; *Soul Care,* which offers virtual coaching and spiritual direction services; *Soul Care Resource Centre,* which provides a variety of soul care resources (including books, videos, cassette tapes, digital video discs. magazines, and periodicals) to the general public; *Spiritual Formation Studies* at Gordon-Conwell Theological Seminary, which offers two-degree programs and graduate certificate helping individual gain an appreciation of their vocational and spiritual identity; *Barbara L. Peacock Ministries,* which develop disciples through prayer, spiritual direction, and African American soul care practice.

according to the Spirit set their minds on the things of the Spirit. For to set the mind on the flesh is death, but to set the mind on the Spirit is life and peace. For the mind that is set on the flesh is hostile to God, for it does not submit to God's law; indeed, it cannot. Those who are in the flesh cannot please God." (Romans 8:5–8) Therefore, the foundation to a healthy soul is the empowering presence of the Holy Spirit; and the focus of soul care is to empower spiritual growth and encourage a stronger relationship with Christ. Caring for someone without imparting or facilitating spiritual life is just caring for the body.

Every effort needs to be made to practice soul care, and to live a life with the Spirit of the resurrected Lord Jesus Christ. God cares for our souls and comforts us in all our troubles so that we can comfort others. Even though the term "soul care" is not found in the Bible, God created our souls and made us in His image. Therefore, we are to take care of what God has given us, for our souls will be given new glorified bodies that will last for all of eternity. Our citizenship is in heaven and from heaven we wait for our Savior, the Lord Jesus Christ, who will transform our common bodies into the likeness of His glorious body by the power that enables Him to subject all things to Himself (Philippians 3:20-21). We are spiritual beings; therefore, let us care for souls so that we can remain spiritually alive in Christ.

In summary, the underlying goal of this study is to examine the readiness of pastors and church leaders as personal and spiritual caregivers of family members who cannot care for themselves. It is to give pastors and church leaders an opportunity to share their involvement in caring for family members with an affliction, and to compile data that provides helpful ideas for future caregivers. Finally, this study brings such information to a wider audience in the Christian community to support the development of a seminar/workshop for pastors and/or church leaders

to help function effectively as personal and spiritual caregivers of family members who are incapable of self-care.

Project Overview

This thesis-project is divided into five chapters. Chapter 1 provides the background of the thesis-project from my personal experience as a personal and spiritual caregiver of a family member. It looks at the role of such a caregiver, spiritual caregiver, the need for self-care, and the overall purpose of the project.

Chapter 2 addresses the fact that the terms *caregiver, spiritual caregiver,* and *Christian Soul care and self- care* are not found anywhere in the Bible. Yet, the Bible nevertheless offers practical advice in this matter. I look at several biblical narratives from both the Old and New Testaments in which leaders and biblical characters act in the capacity of personal and spiritual caregivers to family members.

Chapter 3 explores various literature resources about pastors and church leaders functioning as personal and spiritual caregivers, as well attending to their own (soul) self- care as they care for others.

Chapter 4 deals with the research methodology used for this project and outlines my observations based on the responses from the qualitative questionnaire.

The thesis-project concludes in Chapter 5 with a reflection on pastors and church leaders as personal and spiritual caregivers of family members who need to pay attention to their own soul care and the person being cared for. It ends with practical suggestions for implementation of this project, and directions for future investigation.

CHAPTER 2

BIBLICAL AND THEOLOGICAL FOUNDATIONS

For a church leader to undertake a role as physical/spiritual caregiver of a family member is a challenging task. While the Bible does not have a chapter explicitly devoted to "caregiving," God's intentions and instruction concerning how people are to care for one another can be found throughout the Bible, which is filled with stories and examples of people of all ages caring for one another. In Philippians 2:4, the Apostle Paul teaches believers in Philippi how to live, interact, and care for others: "Look not every man on his own things, but every man also on the things of others." By others, Paul is referring to both those who are familiar and to strangers, which means that Christians should help both believers and unbelievers by fulfilling Christ's command "to love each other as I have loved you" (John 15:12).

Church members are called to "bear one another's burdens, and so fulfill the law of Christ," which is the law of love (Galatians 6:2). But Christians are not always successful in achieving this goal. As the situation of a person in need becomes straining or prickly, the expectation to provide care often gets shifted to the pastor. Christian caregiving, therefore, acts only like a buddy-system helping friends in need, with the more serious situations referred to the pastor. But in the early church this care was provided not by the apostles, but by other spiritually mature caregivers in the church, or deacons.

In Acts 6, Luke notes that deacons were selected for the gentile widows who were neglected in a "a dispute about the distribution of assistance to widows (Acts 6:1)". The early church took responsibility to help support widows who had no other support by appointing spiritual leaders to oversee their care and collecting money for that care. The church ministry

was already being structured in such a way that needs for physical care were being addressed within the church community. And if caring for the aged was expected in the church community, how much more were believers expected to care for their own aging parents? As Paul said in 1 Timothy 5:8, "But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever."

God pointed out the importance of showing respect to parents in the fifth commandment, which reads: "Honor your father and your mother, so that you may live long in the land the LORD your God is giving you" (Exodus 20:12). Honoring parents in ancient Israel did not mean just giving them occasional visits. It implied being responsible to take care of aging parents. Doug Stuart, in his commentary on Exodus 20:12, writes, "Its most basic insistence from the point of view of establishing a responsibility that might otherwise be shirked is to demand that children take care of their parents in their parents old age, when they are no longer able to work for themselves…"[1] This commandment was intended for children to provide support for aging parents.

God reminds us more than once in His word that growing older is honorable. "The hoary head is a crown of glory, if it be found in the way of righteousness" (Proverbs 16:31). And so, Paul teaches older men to discipline themselves morally and be worthy of respect, and older women likewise in their behavior (Titus 2:2-3). The more years people live a righteous life, the more wisdom they can teach, and therefore we should stand up and honor them.

In summary, the Bible teaches about caring for others, especially parents and those who have no one else to do so. This could be a spouse, parents, siblings, or even another family member. When we are caring for family members as Christians, we are fulfilling the Law of

1. Douglas K. Stuart, *Exodus: An Exegetical and Theological of Holy Scriptures*, Nashville, TN: B&H Publishing Group, 2006.

Christ. The Bible reflects a variety of different situations in which His people provide care, and depending on the circumstances, the Bible illustrates practical ways of caring for a family member in need of assistance. The pages below, therefore, will examine some biblical examples of the care, both physical and spiritual, of family members in the Old and New Testament.

Joseph Moves his father to Egypt (Genesis 45:9-48)

The book of Genesis reveals how God's guidance and blessings follow Joseph whom He called for His purposes. God always works all things together for the good for those who love Him and are called according to His purpose (Romans 8:29). There are times in our lives when we do not understand fully what is happening, but we have faith in God that He will eventually work things out. Despite our planning to control what is happening around us, Jesus accomplishes His will in our lives. He knows what is best for us, He opens one door of situations and closes another door of circumstances. Joseph overcame many life challenges including betrayal, grief, sadness, and suffering, only to find out in the end that God had a greater plan for him and the nation of Israel. What led Joseph through life's trials and successes was the assurance that "the Lord was with him" (Genesis 39:2; 39:23).

The book of Genesis records that after some years living in Egypt, Joseph became not only a caregiver to his father, but also a caretaker to his brothers. When a severe famine struck Canaan, his brothers were forced to seek food in Egypt. Unknown to them, Joseph, the brother they had sold into slavery, had become a powerful man, overseeing Egypt's distribution of food. Through a series of God-ordained circumstance, Joseph was able to rescue his family from famine by bringing them to live near him in the land of Goshen (Genesis 47:6).

Seniors prefer not to move in their old age for many good reasons. A parent, for instance, does not want to lose control of their life, especially if they have always enjoyed their independence. Betty Robertson writes in *Changing Places* that everyone involved in the living arrangements for older adults should participate in the decision-making process.[2] If possible, the elderly themselves should have the final say, to retain as much control as possible over their lives. Moving to a new environment is not easy, especially toward the end of life. Parents are most likely to resist the idea of relocation. People don't like changes and don't like to change, especially at the end of life. Often it takes more than one attempt to convince them to do so. Jacob must have had some reservation and fear moving down to Egypt as well. Understanding Jacob's fear and hesitancy, God reassured, Jacob in a vision, "Do not be afraid to go down to Egypt, for there I will make you into a great nation. I will go down with you to Egypt." (Genesis 46:34).

After realizing God's providence in his life, Joseph gladly accepted his responsibility as a caregiver and caretaker of his family. Planning for a loved one who is elderly can be difficult for both caregiver and family member, and they need to be willing to put time and effort into researching the caregiving options in one's area. Joseph carefully planned, and in agreement with Pharaoh, gave his family the best part of the land in the district of Rameses (Genesis 47:11).

Living in proximity allowed Joseph to visit and spend time with his father (Genesis 48:1-2, 11, 17-20). Nevertheless, they did not always agree. Joseph was displeased when his father crossed his hands to bless his two sons, placing a special blessing on the younger son, Ephraim over Manasseh. But Joseph respected and accepted his father's decision. This interesting interaction between Joseph and Jacob provides insight into understanding, embracing, and

2. Betty B. Robertson, *Changing Places: A Christian's Guide to Caring for Aging Parents* (Kansas City, MO: Beacon Hill Press), 2002, 23.

respecting decisions made by those under our care without imposing our will on them. Betty Robertson notes, "It is natural for them [parents] and for us to fight the aging process, but it's important for adult children to try to understand what parents want."[3] It was important to notice such little things when caring for my mother in her last days. For example, in the case of end-of-life situations, I did not appreciate her wishes (for a DNR order) but respected her perspective.

No matter how much we learn in life, sensitivity and discernment of soul is needed when caring for loved ones. Christian maturity is not measured simply by what we know, but how faithfully and wisely we apply what we know. It was through Joseph's persistent obedience and spiritual sensitivity that God trained him to distinguish between good and evil, and to live wisely and righteously. This sensitivity gave him an awareness of how God works and who God is—our Heavenly Father pays close attention to all our deeds and needs. Joseph had a divine purpose, but his life was not always easy. It was filled with ups and downs.

In experiencing the role of a caregiver, the ups and downs of running my own household and managing my mother's household were challenging for a while. It is not possible to come close to describing all the things a person must do to manage a dual household. Yet, as with Joseph, God always knows where and when to place us. When we have confidence and put our trust in God, He will grant us the desires of our hearts and the ability to take care of our family's needs. Despite Joseph's ups and downs, he found favor with God, and lived to be one hundred and ten years old, seeing his son's children and the children of the third generation (Genesis 50:23). A young man once betrayed by his own brothers later becomes a caregiver for the entire family, only to reveal God's faithfulness and fulfillment of His promises. Blessed are the caregivers through whom God reveals His grace and loving care.

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3. Robertson, *Changing Places,* 19.

Ruth Follows Naomi to Judah (Ruth 1:16, 2:2, 17-18, 23)

No two caregiving experiences are the same. But one thing is true in all of them: Taking on the role of family caregiver means sacrificing to meet your loved one's needs. The story of Ruth and Naomi is one of the best-loved caregiving stories in the Bible, and it is a story that begins in pain. Through tragic circumstances, both Ruth and Naomi were left as widows. Lancelot Tucker writes, "While we might be tempted to give up in life, God uses problems to mold and refine us into the vessel that He wants us to become." [4]

So, Naomi decides to return to her country, Judah, where she will have a better chance of surviving. Ruth, in response, begs Naomi to allow her to go with her to Judah. "And Ruth said, 'Intreat me not to leave thee, or to return from following after thee: for whither thou goest, I will go; and where thou lodgest, I will lodge: thy people shall be my people, and thy God my God'" (Ruth 1:16). Ruth's action leaves no doubt about her commitment to her mother-in-law. Her love seems to have no boundaries as they walk through this difficult season in life. As family caregivers, we also want to know our loved ones are receiving compassionate care above and beyond the level of duty.

Subsequently, Naomi allowed Ruth to continue with her on the journey. The rest of the story reveals that Ruth remains devoted to her, humbly accepting the position of Naomi's caregiver. Ruth does not leave Naomi, even when things seem hopeless. She realizes that the only way she and Naomi can survive is to find work. Thus, Ruth goes out to look for employment and ends up working in the field of a wealthy businessman called Boaz. However,

4. Lancelot Tucker, "What Is the Story of Ruth and Naomi?", https://www.christianity.com/wiki/people/story-of-ruth-and-naomi.html/ June 26, 2022.

Boaz is a relative of Naomi's deceased husband, and so Naomi decides to take on the task of matchmaking. She gives Ruth instructions about working in Boaz's field, and the rest, we might say, is history: "And Ruth the Moabitess said to Naomi, 'Please let me go into the fields and glean heads of grain after someone in whose sight I may find favor.' 'Go ahead, my daughter,' Naomi replied" (Ruth 2:2).

Ruth departs, goes into the field, and gleans after the harvesters. "So, Ruth gleaned in the field until evening, Then she threshed the barley she had gathered, and it amounted to about an ephah. She carried it back to town, and her mother-in-law saw how much she had gathered" (Ruth 2:17-18). Ruth works tirelessly in Boaz's fields, gathering food to care for her mother-in-law and herself. After work, each night she goes back to take care of her mother-in-law. She continues to glean in the field of Boaz until the end of the barley harvest, and the wheat harvest begins. Ruth continues in the same manner until the end of harvest. "So, she kept fast by the maidens of Boaz to glean unto the end of the barley harvest and of the wheat harvest; and dwelt with her mother-in-law" (Ruth 2: 23).

In summary, Ruth takes on the responsibilities of a caregiver for her aging mother-in-law. Ruth could have left Naomi to take care of herself, perhaps even staying to care for her own mother back in Moab. Instead, she has compassion and stays with Naomi. A caregiver's compassion is essential. When you experience compassion for other people, you can understand what another person is facing and understand what it might be like to be in their place. When Jesus lived in this world He was moved with compassion whenever he saw the people being oppressed. His love for us constrains us to help others and do what we can to make the situation better.

Scripture tells us that Christians should consider the interest of others and help those in need. When we do these righteous things, we are doing God's will, working for God, and bringing happiness and blessings on others. Because of Ruth's compassionate love for Naomi, God favors her with love. Ruth, a gentile, is catapulted into being part of the genealogy of Jesus Christ, the Savior of the entire human race.

The Death of David and Bathsheba's Son (2 Samuel 12:13-25)

The narrative of the death of David and Bathsheba's son is a well-known passage that is sometimes read at funerals. Losing a family member is never easy. Yet, losing a child or an infant can be even more than devastating. The text tells us that David's son does not die immediately but lingers and suffers for seven days (2 Samuel 12:15). The child's illness shakes David, and he "besought God for the child" (2 Samuel 12:16). As caregiver, David entered a state of fasting, praying, and hoping that God would spare the child during the seven days of his illness. David knew that he himself deserved to die. He knew the Mosaic law, "If a man be found lying with a woman married to a husband, then they shall both of them die, both the man that lay with the woman, and the woman: so shalt thou put away evil from Israel" (Deuteronomy 22:22–25). Yet, he still sought the Lord for mercy.

After the child dies, David ceases his mourning activities, rises, washes, anoints himself, changes his garments, and worships God. His servants could not understand David's behavior or fully comprehend his calmness of mind after realizing that the child died. Some commentators suggest that Christian conduct should be of similar nature when death carries our loved ones away. That person is no longer here with us, and no amount of weeping or praying is going to bring them back to life again. David was battling for the life of his son and was mourning, but

once the child died there was no point in continuing to grieve. So, David accepts the outcome. Instead of mourning, David suggests that we should think about our own deaths, for we all are going to die and afterwards join those who have already died.

However, Eleanor Haley writes, "Grief is normal; it's not a dysfunctional feeling to experience thoughts and emotions from time-to-time, sometimes even years later. But with constructive coping and a little support, the intensity of grief will lessen, and our healing will evolve over time."[5] And research shows that most people can recover from loss through the passing of time, and with social support.[6] Nevertheless, the experience of having a loved one's life ripped away by death can sometimes cause a spiral decline in one's own health. Regardless of their age—adult or child, newborn or a thirty-three-year-old—the loss of a loved one feels unnatural. The emotions look upon death as unfair and unjust. It is hard in life to lose a loved one, and everyone will experience this at one time or another. Ecclesiastes 3:4 tells us that there is "a time to weep and a time to laugh, a time to mourn and a time to dance." Since each person grieves differently, the relationship with the person who dies sometimes affects the passion and extent of the grieving.

Mourning the loss of a family member does take time. Research by the American Psychological Association tells us that the means for reviving our sense of purpose and direction in life offers some strategies to help deal with grief and come to terms with loss. These strategies include:

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5. Eleanor Haley, "We Don't Recover from Grief, and that's Okay," https://whatsyourgrief.com/blog/ accessed December 7, 2021.

6. Alain Sauteraud, "The 'Stages of Grief' do not Exist," *Journal of Cognitive Behavioral Therapy* 28, no. 2 (June 2018), 93.

- Talking about the death of the loved one with friends or colleagues. Avoidance can lead to isolation.
- Accepting our feelings if we feel stuck or overwhelmed. Coping with them will help us find ways to get back on track.
- Taking care of ourselves and our families to help our physical and emotional health.
- Reaching out to help others deal with the loss of loved ones helps everyone to cope.[7]

While these strategies are helpful, it is important to note that David dealt with his grief genuinely before God (even if more quickly than most of us). He came before God in truthfulness and brokenness and wrote a prayer of repentance and renewal before God to say that he relied on Him to deal with his grief. "Create in me a clean heart, O God, and renew a right spirit within me…Restore to me the joy of your salvation and uphold me with a willing spirit" (Psalm 51:10-12). Psalm 51 teaches the importance of connecting with God in grief. David understood getting right with God was a matter of the heart. Grief can only be resolved and dealt with genuinely when we go to God who is able to resolve our grief to cope with a loss of loved ones. While everyone experiences grief differently, finding God in grief does not eliminate the process we go through, but faith in God helps us cling to something bigger and stronger than ourselves. God also helps us comprehend some of the reactions we experience.

Jairus' Daughter (Mark 5:21-43)

Suffering and loss can be a lonely undertaking. The difficult periods become less intense and shorter as time goes by, but it still takes time. It is the cruel sting of death that reminds us of our own mortality, and we often find ourselves lonely. The narrative in Mark 5 demonstrates that

7. American Psychological Association, "Grief," https://www.apa.org/topics /families/grief/, accessed February 20, 2023.

while suffering can overwhelm us, faith in Jesus provides both comfort and hope in the time of care.

Many of the Jewish leaders did not follow Jesus because He was teaching things that were so different from the way they had been taught. However, Mark 5: 21-43 records that a Jewish leader, named Jairus, trusted Jesus. He had confidence in both His ways and His character. Jairus was also a caretaker and a caregiver of his twelve-year-old daughter who was sick (Luke 8:42). As a caregiver, Jairus demonstrated his faith by pleading with Jesus to come, heal his daughter, and by believing that He could make her well again (Mark 5:23).

But on the way to help Jairus, Jesus was delayed by the needs of a suffering women, whom he healed. Just then, men arrived from Jairus' home to report that it was too late, for his daughter had died (Mark 5:35). But Jesus had a plan, just like He did when he deliberately delayed his visit to Lazarus in John 11, and then manifested his glory by raising him from the dead. So, Jesus said to Jairus, "Do not fear, but only believe" (Mark 5:36). Then He commanded the little girl to get up from her death bed, and the girl got up and walked (Mark 5:41-2).

As church leaders and especially as caregivers, we have a great opportunity to demonstrate God's love for our sick family member. Though our loved one may be elderly or have an illness, they have a need to practice their Christian faith actively. The body has broken down, but the spirit can still be capable of growth, renewal, and revival. Paul reminds us that while our outer body is decaying, our inner body is renewed daily (2 Corinthians 4:16).

Jairus' story demonstrates the power of faith. People often underestimate the role of faith in caring for a family member. Faith is needed to provide care persistently. Faith is needed to be

patient. Faith is needed to motivate. Faith is needed to believe in the power of healing. Faith is needed not to lose focus and hope. All Jairus had was his faith in Jesus.

Jairus was a caregiver and caretaker who believed that Jesus could heal his daughter and make her well. Even though his faith was challenged because of her apparent death, Jairus still believed in Jesus when things looked impossible. Jairus did not see things as the crowd did, but in the way, Jesus saw them. Our faith resides in Jesus and not in our plans. God's plans are not always our plans, but His purpose is always for His glory. We should not fear but trust His Word. God is always in control and uses time, space, and grief to help us overcome our self-sufficiency and learn to depend on His sufficiency (2 Corinthians 12:9). We are often presented with unexpected bumps as we make our way towards our intended purpose in life. These temporary hindrances can be considered negatives, but also testimonies to God's grace being there when we need it.

Jesus and the Widow's Son (Luke 7:11-17)

In the Gospel of Luke, chapter 7, Jesus arrived at the village of Nain during the burial ceremony of the son of a widow. According to *Charles Ellicott's Commentary*, "If she had been supported by her son, her loss was very considerable; and having neither husband, nor son, to do for her, her case was very affecting."[8] What grief she must be going through.

At the son's burial ceremony, the mother does not ask Jesus for help. In fact, she does not say a word, according to Luke's narrative. As she grieves for the loss of her only son, Jesus realizes through her grief that the mother has a need. It is not just the dead son who draws Jesus'

8. Charles J. Ellicott, *Ellicott's Commentary on the Whole Bible*, 8 Volume Set: A Verse-by-Verse Explanation (Eugene, OR: Wipf and Stock, 2016).

attention. Jesus is moved by compassion for the widow mourning for her son. Jesus knows her needs and brings her son back to life. Jesus always sees our needs.

According to *Ellicott*, the Jewish law prohibited spiritual leaders from touching a dead body or the coffin that held a dead body because it was considered unclean (Leviticus 21:1-12). Yet Jesus came, touched the open coffin, and brought the son back to life. The son was dead, and the world was done with him. But Jesus wasn't done. Jesus cared for the mother's physical and emotional needs, performed a miracle, and presented her son back from death to life (Luke 7:14-15). As a caregiver Jesus provides for the widow, not only with comforting words, but with the restoration of her son. It was timely, divine intervention. He only says, "Do not weep and let not your heart be troubled."

Sometimes there are circumstances in our lives that can overwhelm us, but Jesus loves us enough to bring joy back into our lives. As we receive His love, we find greater joy in striving to love and serve others as He did. God's love is not found in the circumstances of our lives but in His presence. We know of His love when we receive strength beyond our own, and with it, His peace, comfort, and direction in our lives. Sometimes he works a miracle of healing. Other times he does not. But Jesus meets us during our deep sorrow and through the hope of the resurrection transforms our grief to everlasting joy.

Jesus's Mother at the Foot of the Cross (John 19:26-27)

The Bible states that Jesus had four brothers: James, Joseph, Simon, and Judas (Matthew 13:55).[9] It notes also that Jesus had sisters, but they are not named or numbered (Matthew

9. Catholics and Orthodox Christians disagree with Protestants over whether these named brothers and sisters (Matthew 13:55; Mark 6:3) are Joseph's children by a former wife, whom he married before Mary. The former wish to preserve the honor of Mary's virginity to the end, such that her body, "which was appointed to minister to the Word which said, 'The Holy

13:56). As Mary's firstborn, however, Jesus would have been legally responsible for her welfare after the death of her husband, making sure she had a place to live, and her material needs were met. This was Jewish tradition.

At His cross Jesus's brothers and sisters were not present, but his mother, Mary, and the apostle John, were there. The Bible records that on the cross, Jesus saw his mother and appointed John to be responsible for her. "He [Jesus] said to his disciple, 'Woman, behold your son.' Then he said to the disciple, "Behold, you mother.' From that time on, this disciple took her into his home." (John 9:26-27). Regarding his account, *Matthew Henry* notes: "It is probable that Joseph [Mary's husband] was long since dead, and that her son Jesus had supported her, and now that he was dying what would become of her? . . . Christ has here taught children to provide for the comfort of their aged parents." [10]

Jesus command to John to become the caregiver for Mary is a prime example of honoring parents. If Jesus was concerned about the wellbeing of his beloved mother on the cross, how much more are we to care for the wellbeing of our parents? His example and love compel us to make the sacrifice of love for our family members just as He sacrificed His life for us.

Conclusion

These passages reflect the caregiving role and attitudes Christians should embrace with family members and also reveal how God provides care for them and us in the process. When Joseph realized God's purpose for him, he forgave and loved unselfishly and did not expect

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Ghost shall come upon thee, and the power of the Most High shall overshadow thee,' might not know intercourse with a man after that the Holy Ghost came into her and the power from on high overshadowed her" (Origen, "Commentary on Matthew 17," https://ccel.org/ccel/origen/commentary_matt/anf09, accessed February 23, 2023).

10. Matthew Henry, The NIV Matthew Henry Commentary in One Volume (Grand Rapids, MI: Zondervan), 428-429.

anything in return from his family. “Do nothing out of selfish ambition or vain conceit, rather, in humility value others above yourselves” (Philippians 2:3). Not many people think of caring for elderly parents as a passion to be a personal caregiver. But Joseph is passionate about his father’s well-being, and being a passionate caregiver is what keeps a caregiver going during difficult times. Caregivers sacrifice time, energy, and love every day. Joseph’s life is a testament to God’s faithfulness and how He providentially uses Joseph’s life to carry on His covenant with the patriarchs. And surely, for Joseph to be a caregiver for the entire family was a key part of that greater plan of God.

Ruth loved her mother-in-law. “A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples if you love one another” (1 Corinthians 13:4-8). A caregiver’s sense of duty for needy family members sometimes can be a permanent arrangement, like it was for Naomi, who remained at home with Ruth instead of moving to a nursing home or a care community. Family caregivers can also devote many hours caring for loved ones while working a full-time job. As elderly parents do less physically for themselves day by day, the idea of needing help becomes a reality. Caring for an elderly parent can blossom into daily living tasks like bathing, dressing, or eating. Ruth’ devotion and selfless care for her mother-in-law encourage believers to persevere in loving care toward one another despite hard times.

King David mourned for his infant son. “Blessed are those who mourn, for they will be comforted” (Matthew 5:4). It is every parent’s worst nightmare when a baby dies. David’s anticipatory grief was the normal mourning process that occurs when your loved one is still living, and you are expecting his or her death. We can find healthy ways to deal with our loss like King David did by expressing our emotions (whether positive or negative), acknowledging

our pain, and taking care of ourselves. These ways can help move us along in our mourning journey.

As I saw my mother weaken at home, new emotions began to surface, from hope to hopelessness in the same thought. Experiencing grief before the death of a loved one does not mean the grief after the loss will be less. While caregiving duties come to an end in death, the love of the caregiving relationship does not. David found ways to comfort himself in his son's death through repentance and renewal in God. Although David knew the cause of his grief for the loss of his child—a result of his sin with Bathsheba—his pain was real. David, however, turned to God as the caregiver of his soul.

Jairus seeks Jesus for his daughter. "Seek the LORD while He may be found, call upon Him while He is near" (Isaiah 55:6). Every relationship is unique. Jarius had a relationship with his daughter who was dying. His grief can be felt on many levels, including emotional, physical, social, and spiritual. Jarius was in desperation for a miracle and received it. Despite ill health caregivers can pray intercessory prayers on behalf of our loved ones. Jarius illustrates that seeking Jesus can never go wrong; it's good to seek Him. One of the most notable Bible verses about seeking God is in Jeremiah. "You will seek me and find me when you seek me with all your heart (Jeremiah 29:13)". We can seek God for healing while trusting Him with our family's life.

The widow hopes for her son. "My soul, wait in silence for God only, for my hope is from Him" (Psalm 62:5). Death always brings sorrow, but sorrow does not have to overcome us. No matter when or how we mourn, it is important to remember it is okay and normal. The challenges of having faith and hope are not always spoken out loud but screaming inside of us. In John 17:24, we read words when a loved one dies. "Father, I desire that they also, whom you

have given me, may be with me where I am, to see my glory that you have given me because you loved me before the foundation of the world." A caregiver gives hope in the worst of human frailties, makes the moments of life's difficulties take flight. Jesus shows us compassion, so we never have to bear hopeless grief when facing death.

Jesus' concern and care for Mary does not end on the cross. He provides a care plan for his beloved mother as He did for us. It is a marvelous example of Jesus' honoring and loving his parent to the end. While the death of our loved one ceases the caregiving duties, God's caregiving duties do not end. Caregivers believe in providing some type of assistance to our loved ones in need to the end. But God's love and care for us never ends. God has purposes we may never understand when we cling to the hope that death will never win.

All these biblical caregivers had something in common: a trust in God to help in time of need, and a willingness to care for their loved one in need. It is not always easy, but God calls us to serve in a way that glorifies Him. Regardless of the circumstances, if they are sick, we take care of them. If they are under our care, we provide living conditions to make sure they are properly and lovingly cared for, just as Christ demonstrated His love and care for us by dying on the cross when we were yet sinner (Romans 5:8).

When we experience the role reversal between parent and child, a lot of patience is needed. But with patience, the atmosphere and the events change. Whether we are trying to be patient with ourselves or others, the worst moments in our life are like jumping over hurdles. Patience may not always be easy to practice, but as spiritual beings, we must search within the hidden part of ourselves to find out why we do not have patience. As church leaders, we must pray to God to grant us patience to accept the things that we cannot change. Yet at times, trying

to show patience despite a lack of tolerance for the antics of a self-willed ageing parent who does not want to eat or take their medicine, is something paradoxical, but real.

The narratives in the Bible demonstrate the importance of having a servant's heart. God's mercy and compassion are critical qualities for a caregiver to meet the physical and spiritual needs of a family member. Like many caregivers, struggling as a Christian leader over what to say during my mother's illness often led me to reflect on God's Word and His goodness, as I sought to be a good guardian maintaining a healthy and meaningful relationship with her while caring for her. Reading the various passages about biblical caregivers helped me realize that God is our Caregiver and Cure-giver, who tolerates us, though deserving wrath, so that we can tolerate others. Thus, looking at the biblical principles of caring for others allows us to view caring as doing God's work in exemplifying a Christ-like attitude. Supporting family members by providing care is one of the best ways to demonstrate God's love and faith in Christ, even if it does not always feel good and is seldom convenient.

CHAPTER 3

LITERATURE REVIEW

The purpose of presenting this literature review is to lay the foundation for studying the readiness of pastors and church leaders as caregivers, spiritual caregivers and Christian soul carers of family members who need assistance due to health or physical needs. This chapter is an examination of publications by authors who were themselves caregivers and spiritual caretakers of family members, and who experienced grief, loss, and changes in their lives. This study is important because there have been relatively few books written about pastors and church leaders sharing their experiences as caregivers of family members with an illness or physical needs. Though pastors and church leaders might have nuclear families or other relatives, they sometimes do not give voice to their experiences during the illness or loss of their family members. While family caregivers are sometimes unprepared for and overwhelmed by these responsibilities, some pastors and church leaders have trouble dealing with and sharing their limitations. In an article entitled, "Too Many Pastors are Falling on their Own Sword," Jacob Topper addresses the demands that are affecting the mental health of clergy.[1] As with others in the helping professions, clergy often ignore the early warning signs of mental health issues even as they attend to the needs of others. These early warning signs include:

- Eating or sleeping too much or too little,
- Pulling away from people and usual activities,
- Having low or no energy,

1. Jacob Topper, "Too Many Pastors are Falling on their Own Swords," *Baptist News*, https://baptistnews.com/article/too-many-pastors-are-falling-on-their-own-swords/ accessed February 19, 2023.

- Feeling numb or like nothing matters,
- Having unexplained aches and pains,
- Feeling helpless or hopeless,
- Smoking, drinking or using drugs more than usual,
- Feeling confused, forgetful, on edge, angry, upset, worried, or scared,
- Yelling or fighting with family and friends,
- Experiencing severe mood swings that cause problems in relationships,
- Having persistent thoughts and memories you can't get out of your head,
- Hearing voices or believing things that are not true,
- Thinking of harming yourself or others, and
- Inability to perform daily tasks or complete routine work-related tasks. [2]

Learning about these early warning signs and reacting appropriately can help reduce the interruptions in quality of life and functioning. A happy pastor leads to a happy church, happy spouse, happy children, and other happy relatives. Researchers have found that clergy experience these warning signs with their families of origin more frequently than many other groups.[3] So, it is not a surprise they are prime targets for experiencing mental health issues. Whatever the other contributing causes of mental ill-health, demands on a clergyperson's time can often be a factor. Topper advises clergy to recognize their boundaries and to rely on friendships, counselors, and peers for support. Being a resource to everyone else can lead to a dangerous self-confidence that makes pastors prone to falling upon their own ministry swords. The bottom line is that pastors and church leaders are humans too.

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2. CTS, "Addressing Clergy Mental Health," https://www.ctsnet.edu/addressing-clergy-mental-health/. Accessed February 22, 2023

3. Topper, *Baptist News.*

The books mentioned in this chapter are those that have had the greatest impact in formulating my thinking regarding pastors and church leaders caring for a family member who is ill or frail. While my comments will not necessarily be a review of the book itself, the relevant literature will be discussed under three broad categories: Caregivers, Spiritual Caregivers and Self Care. For this thesis-project, a Caregiver is a person caring for the physical needs of someone with limitations due to illness or disability. He/she does NOT have to belong to any religious persuasion. A Spiritual caregiver is a person caring for the spiritual needs of someone coping with an illness or a disability. Spiritual caregiver and caregiver roles can overlap but a spiritual caregiver focuses on more than physical needs. He/she helps rebuild the spiritual aspect of a person's well-being and their relationship with God. Some practices for spiritual caring, as mentioned in chapter one, are meditation, listening to music, worshiping, praying, reading Scriptures, and journaling. But spiritual caregiving can be Christian or non-Christian since a spiritual caregiver can belong to ANY religious persuasion. Self-care is exactly as it says, taking care of oneself. For a Christian, the practices of a spiritual caregiver overlap with self-care. In addition to caring for someone else, caring for ourselves (self-care) is essential to our emotional, physical, and spiritual self-care.

Caregivers

In *Soul of Caregiving*, Edward Smink claims that everyone is a caregiver, for "at the heart of being human is the capacity to care, to reach out to others and explore the relationships we build. As caregivers, we all serve, even sacrifice for those in need."[4] He adds that caregiving is hazardous to your health. It is not only pastors and church leaders who struggle

4. Edward M. Smink, *Soul of Caregiving: A Caregiver's Guide to Healing and Transformation* (Atascadero, CA: Soul of Caregiving, 2018), ii.

with compassion fatigue or burnout. Edward Smink notes that all caregivers struggle with the three cultural taboos that prevent them from taking care of themselves:[5]

1. We don't learn to trust ourselves; we don't trust what's going on, and we don't trust our colleagues, family, or friends.
2. We're afraid to communicate our story. We all have stories to tell, and we want to be heard but we don't want advice.
3. We don't show emotions. We're human and have emotions about traumatic events.

Yet at the heart of being human, we have the capacity to care, to reach out to others, and to explore the relationships we build. We each have a responsibility to care for humanity. Dalai Lama said that we are social animals. Human beings need friendship, and friendship comes from showing compassion and concern for others. In many situations, however, family caregivers feel forced to care for loved ones out of obligation or necessity.

As pastors and church leaders, our role as servant caregivers involves conducting many rituals—weddings, child dedications, baptisms, funeral services, and more—as well as teaching and preaching to the congregation. But the heart of pastoral caregiving is helping people who are struggling with difficult moments and in need of divine spiritual intervention; and for a caregiver with a servant's heart, life is all about giving to others rather than receiving from others. Yet, as we care for someone in need, pastors must also continue to perform all the other pastoral care duties that demonstrate the love of Jesus Christ. Which means our pastoral care responsibilities and caregiving for a family member at times can become overwhelming. But our duty and desire are to care for the flock. "Feed the flock of God, which is among you, taking the oversight thereof, not by constraint, but willingly… (1 Peter 5:2a)."

5. Edward Smink, "Soul of Caregiving," https://soulofcaregiving.com/ accessed February 23, 2023.

Individuals who take on the responsibility of caring for another person through sickness or physical impairments can often be challenged beyond what they can do. A study by Deidre Edwards has noted that approximately 34.2 million Americans have been caregivers for someone aged fifty years or older in the last twelve months, and half of these caregivers had no choice about becoming a caregiver.[6] She continues to say that her faith in God stretched beyond her boundaries during a caregiving season with her father. She became frustrated and overwhelmed, but God drew her into His loving presence with joy. As Christians, we grow under stressful circumstances.

Edwards states in her book that caregivers have many faces. These faces are often seen as worn out, worried, depressed, or confused, but God's joy remains. Her *Coping Skills for Caregivers* offers many practical tips for caregivers, including the following:

1. Build the confidence of the person you're caring for as they go through treatment, for example, by encouraging someone dealing with chemotherapy to take just a few sips of water or soup to replace needed fluid when nausea or lack of appetite makes it difficult.
2. Exercise compassion when the person is going through chemotherapy or other difficult treatment. Sometimes the best way to help is to just sit and talk with them during treatment to take their mind off the process.
3. Try not to say things like "Let me know if I can do anything," or "Call me if there is anything I can do." Instead take the initiative in providing real help.
4. Take care of yourself.

6. Deidre Edwards, "Toolkit for Caregivers: Tips, Skills, and Wisdom to Maximize Your Time Together," http//www.deidreedwards.com, 5.

This book also discusses many self-care topics that help to keep us happy and healthy. These self-care topics are helpful resources for navigating a caregiver's journey and for finding coping skills to help avoid burnout from the stresses of caregiving. This book is enjoyable to read because Edwards shares survival skills she personally used while under the pressure of caring for her father during his illness.

As well as the 34.2 million people who care for aging adults, the National Alliance for Caregiving and the AARP also claim that caregivers in the United States provide unpaid care to 6.1 million younger adults between eighteen and forty-nine years of age.[7] Regardless of the age the decision to be a caregiver is a weighty one. In his personal story, *You Got to Do What You Got to Do: My Experience as a Caregiver*, James Colozzo writes, "There is no right religion or faith to help you make that decision. You [must] do what is in your heart, and you must feel comfortable with your decision."[8] When he began in his twenty-year journey caring for his parents, Colozzo was no expert in caregiving. But he became a sponge, absorbing as much as he could watching the professionals caring for his parents. That was my experience as well: the more I cared for my mother, the more knowledge I gained. Some things got easier because of what was learned, and at other times it was just a case of doing the best thing possible in each situation.

Colozzo says that when you are a caregiver, one of the most important things to remember is that you are responsible for your loved one's quality of life. As hard as it was at

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7. National Alliance for Caregiving and AARP, Caregiving in the U.S. 2020 (Washington, DC: May 2020), https://www.caregiving.org/caregiving-in-the-us-2020/ Caregiving in the U.S. 2020: A Focused Look at Family Caregivers of Adults Aged 18 to 49, 1.

8. James Colozzo, *You Got to Do What You Got to Do: My Experience as A Caregiver Taking Care of My Parents for Over Twenty Years* (www.takingcareofaparent.com, Kindle edition, 2016), 17.

times, being responsible for my mother's care gave me peace of mind, because I knew that her medical and physical needs were being taken care of. Colozzo's book helped my mother and I establish routines to keep things running as smoothly as possible. Sometimes we had to do things we would rather not have done, but nevertheless it got done. It was difficult, for example, going in out of the different doctors' offices with my mother in tow, sacrificing time and surrendering personal plans. But hearing what the doctor had to say first-hand helped me understand my mother's medical condition. As Betty Robertson notes, "No matter how inconvenient it may be, we must help make choices directly affecting our parents' lives emotionally, physically, legally, and financially." [9]

On one visit the oncologist discovered another cancerous cyst that was progressing extensively in my mother's lungs. In the view of my brother and myself, chemotherapy was out of the question. We thought it would be too taxing for her body with all her underlying health conditions. With that decision, however, came great feelings of inadequacy, because now I was caring for someone who was most certainly dying. Words from Mindy Judd's book, *Be Still: Finding Peace as a Caregiver*, rang true in my heart: "There is no such thing as 'getting back to normal;' you just get used to how new normal is."[10] I never got back to normal, but was spiritually exhausted and unprepared for what was lying ahead. My mother's life was deteriorating by the minute, and it was totally out of my control. But again, Mindy Judd's advice helped: "Do not lose your mind, learn to be grateful for the small things and be still, and know

9. Robertson, Changing Places, 12.

10. Mindy Judd, *Be Still: Finding Peace as a Caregiver* (Santa Fe, NM: E. M. Tippsetts Book Designs, 2021), 42.

that He is God."[11] Appreciating these little things in life brings joy and happiness, and prevents negative thoughts from becoming overwhelming. "Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things" (Philippians 4:8). The little things in life include waking up to see another day to glorify God. It is also one of the good things in life to be surrounded by those we care about and to be grateful for the opportunity to help those we love. It is also a good thing in life not to feel too much pain in our bodies.

Meditating on good things is useful to get through the day. Any little tidbits to latch on to can be helpful in the daily struggle of being a caregiver. This is a way of being kind to yourself. You can also treat yourself to a massage or some other "hands-on" blessing, like a manicure or pedicure. If you cannot afford one, ask a friend. Being kind to yourself can also be a stroll around the house or in the garden. If possible, take a "be kind to yourself" day off. There is no need to feel guilty about being kind to yourself. All these things can be useful complements to our well-being, but they are not a replacement for professional help if such is needed.

Spiritual Caregivers

Integrating spirituality into care can give each person a better chance of reaching complete well-being. According to a study led by researchers at Harvard's T. H. Chan School of Public Health and Brigham and Women's Hospital, attending to spirituality in serious illness,

11. Judd, Be Still, 42.

and in health should be a vital aspect of future whole person-centered care.[12] The International Consensus Conference on Spiritual Care in Health Care also argues that spirituality is a way individuals can add meaning, purpose, connection, and value to their existence.[13] This can include organized religion but extends well beyond to include ways of finding meaning by connecting to family, community, or nature. In *Spiritual Care: A Guide for Caregivers*, Judith Allen Shelley writes, "The soul's deep longing to know God is a basic human need." But Shelley also thinks every individual's spiritual needs differ, and it is important for caregivers to provide spiritual care in various ways. For example, by:

- Getting to know your loved ones' likes and dislikes and respecting their identity,
- Giving loved ones the unconditional love they deserve,
- Giving loved ones the experience of the healing power of nature with a quiet outdoor space, and
- Encouraging loved ones to discover their own coping techniques. Some of these techniques could be writing down their thoughts, listening to music, or watching television.

My mother was fortunate to have a television placed in her room. She liked all types of sports and had her favorite teams to watch. Total silence around the clock would have been disorienting for her once she became bedridden. The sounds coming from the TV helped her to distinguish the day from night. Since religion is an important part of my mother's life, giving her

12. "*Spirituality Linked with Better Health Outcomes, Patient Care*," July 12, 2022. https://www.hsph.harvard.edu/news/pr_categories/2022-release/.

13. "Power of Belief: Spirituality Linked to 'Healthier Life, Greater Longevity,'" July 13, 2022, https://studyfinds.org/spirituality-healthier-life-longevity/.

an iPad to listen to her pastor and to sing along with the choir during church services lifted her spirit.

A recent Time article maintains that several academic studies have identified a connection between attending religious services and living a long time. One of the studies, published in JAMA Internal Medicine in 2016, found that women who went to any kind of religious service more than once a week had a 33 percent lower chance than their secular peers of dying during the 16-year study follow-up period. Another study, published in 2022 in *PLOS One*, found that regular service attendance was linked to reductions in the body's stress responses and even in mortality, to the point where worshippers were 55 percent less likely to die during the 18-year follow-up period than people who didn't frequent a temple, church, or mosque.[14]

In *Changing Places: A Christian Guide to Caring for Aging Parents*, Betty Robertson writes about the process of caring for a loved one coming near the end of life and says we must focus on the big picture of fulfilling God's will.[15] God works in all our lives according to His purposes, and nothing can happen without God ordaining it. The difficult times as a caregiver require patience and persistence, and how-to-information or guidelines for facing the demanding task of caring for an aging parent. Some of these guidelines were useful in thinking through the needs of the aging parent, and include the following:

- People do not age identically. Each situation should be assessed independently.
- Assist aging parents with making decisions while they still are competent.
- Do not base your decisions on someone else's circumstances.

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14. *Time*, "Do Religious People Live Longer? https://time.com/5159848/do-religious-people-live-longer/, accessed February 20, 2023.

15. Robertson, Changing Places, 42.

- Circumstances change; therefore, have a backup plan.

This work by Robertson was a rehearsal of my own life story, for it describes all the pitfalls and struggles that occurred, as well as the good times caring for my mother. It is a guide for both Christians and non-Christians who are suddenly thrust into a caregiving role. All the caregiving tasks are still practical in everyday life.

According to the *APA Family Caregiver's Briefcase*, "People are living longer, hospital stays are getting shorter, and people live at home with more serious and chronic illness. Caregivers today must learn to manage things that used to be done in hospitals, and they can't always afford to hire home-care providers to help." My friends and family members gave emotional support, but no one knew how I really felt caring for my mother at home. Jim Garcines states that living with a serious illness is like running an ultra-marathon. He says, "It requires thoughtful planning, patience, endurance and timely support."[16] His book is a useful guide to a person caring the first time for someone who is terminally ill. Although hospice type health care was something I never envisioned for my mother, facing the various medical, legal, and financial issues required thoughtful planning. Because these were associated with her aging, it was not easy. However, it did take a lot of willpower planning the preparation after mother's death. It was also an unpleasant experience planning my mother's burial service. Nothing can ever quite prepare a person for such an experience.

However, as a spiritual caregiver, sitting with my mother was a pleasure, and my husband, Bishop, often prayed along with us. Helping her view the Facebook online feeds to some of the links of her grandchildren brought a spark to her eyes. My mother did not dwell too

16. Jim Garcines, *The Role of Spiritual Caregivers to Terminally Ill Patients: A Resource Manual* (www.Xlibris.com, 2021), 214.

much on dying or death in general. But she did express her final wishes to be buried in Georgia and have her Celebration of Life Service officiated by her pastor.

Marjory Evergood, in *My Journey as a Caregiver*, advises that "Being a caregiver is and was a challenge, but a bigger challenge looms when that identity and activity is no longer there, and you have to figure out what's next in your life."[17] Evergood kept a journal as she went through the depression, the loneliness, and isolation of seeking to accept what was happening. After accepting the reality of my mother's death, it seemed impossible to imagine a new way of living without her. Lyle Herbugh writes, "The one thing that helps is the knowledge that someone cares enough to want to give you comfort in your time of pain and sadness. Hang onto that and don't turn away someone who loves you and wants to help."[18]

In Beth Scibienski's memoir, *Who Is God When We Hurt? A Pastor-Caregiver Wrestles with Grief, Loss, Faith, and Doubt,* she writes about her struggle as a pastor when her husband died. She says that she leaned on her faith. It was important for her to realize that God did not disappear during her difficulties but was standing and sitting with her, in the presence of the people who surrounded her in her hurting seasons. "Maybe we all need reminders to care for ourselves," she writes, "to take ourselves seriously, [and] to make our own health a priority." [19] As a caregiver, it is critical for you to take good care of yourself even while you are taking care

17. Marjory Evergood, *My Journey as a Caregiver* (Murrells Inlet, SC: Covenant Books, 2021).

18. Lyle E. Herbugh, *A Love Like No Other-My Time as Caregiver: Seven Months of Grieving and How It Changed My Life* (Morgan Hill, CA: Bookstand Publishing, 2018).

19. Beth Scibienski, *Who Is God When We Hurt? A Pastor-Caregiver Wrestles with Grief, Loss, Faith & Doubt*; Yardley, PA: Open Door Publications, 2018, 39.

of your loved ones, even if finding the balance between me-time for self-care and caring for others is challenging.

It was important to recognize that everyone deserves time for self-care. Whether you are in a caregiving profession or voluntarily taking care of a family member, it is important to remember to take some time out for yourself. My mental state was vitally important. If things collapsed, the whole set-up and arrangements for my mother would have changed drastically. Fortunately, the body does have a natural way to combat fatigue. Being kind to yourself, even a ten-minute moment of prayer, is important spiritual self-care.

Finally, one brief caregiving article I found helpful identified three basic principles of spiritual caregiving:

- To focus on healing the loved one,
- To understand that everything happens for a reason, and
- To keeping in mind that the quality of life is determined by how the one you show care perceives the circumstances.[20]

Self-Care for Spiritual Caregiver

As humans, we have the capacity to forge ahead amid exhaustion and stress, yet we need to find the inner strength to keep going. Soul care and self-care are acts of replenishing one's state of being. Susanne West states, "If you are not aware of your own needs and willing to allow time and energy for self-care, you suffer and so does your caregiving."[21] Self-care can be defined

20. Spirit Restoration, "Spiritual Caregiving," https://www.spiritrestoration.org/life/spiritual-caregivings, accessed February 23, 2023.

21 Susanne West, *Soul Care for Caregivers: How to Help Yourself While Helping Others* (Sonoma, CA: Human Sun Media, 2013), 9.

as any act of taking care of yourself physically, whereas soul care is any act of taking care of your spiritual health. Edward Smink uses the metaphor of driving a car: often not being conscious, you must pull over to the side of the road because your tank is empty. When our spiritual tank is empty, crying out for assistance is helpful. Many caregivers often focus more on the soul of the person they are caring for than their own soul.

Being called by God to serve others can lead to an inability to care for oneself because there are always others in need. Because giving my mother love and support was a rewarding experience, my tendency was to meet my mother's every need first and ignore my soul. But a time came when I had to make the choice to direct help toward my spiritual health, as well as care for my mother's health. We were hoping that our mother was going to recover and began to devise a plan for her to spend the winter in the South and come up North in the summer months. Unfortunately, it never materialized. Without a break, my energy was drained, especially since I was caring for my husband and children at home, as well as the church. No matter how strong I appeared on the outside, inside was an emotional wreck, and I experienced stressful grief throughout the process. My husband helped with my grief.

Twylia Reid writes in her research that long-term caregivers are at high risk of depression, burnout, and medical issues because the mind and body are always connected and are in constant communication.[22] Not considering myself as a long-term caregiver, my body and mind were connected constantly in communication about my mother. A study, published in the journal *Rehabilitation Psychology*, focusing only on people who provide care to family and friends, and not professional caregivers, notes, "We found that caregivers were at an increased

22. Twylia G. Reid, *When Caregivers Need Care Given* (Pooler, GA: Broken Wings, 2018), 28.

risk for experiencing depression in their lifetime as compared with non-caregivers."[23] As a church leader, making a conscious decision to shut out life's busy noises and to spend more quiet time with God in daily reading of Scriptures, meditating, praying, and worshipping Him is worth it. However, as a church leader, we have never been trained to take care of our own soul before taking care of others.

Tara Parker-Pope wrote an article in the *New York Times* entitled, "Why Self-Care Isn't Selfish." In it, she said: "It's about refueling yourself in order to engage with life." [24] Self-care can help us perform at our best without being critical. Parker-Pope notes that not investing in things that are good for you will take away from your ability to be a good person to someone else. There is a kind of joy in knowing that when you are taking care of yourself, you are indirectly taking care of others also. In the same article, Dr. Groppel, co-author of *The Corporate Athlete: How to Achieve Maximal Performance in Business and Life,* maintains that self-care is a lot of things. He says, "It can be exercise, creating boundaries. It's keeping yourself safe emotionally. Maybe it's not arguing with that uncle about politics right now. It can be spiritual. But you are in control of it."[25] Even though it is sometimes difficult to convince people to make time for some form of self-care, this article insists that we need to calm down and take time for ourselves. The experiences of self-care fill us with positive emotions that help with the important things in our lives that we may have to do. Having this understanding, self-care can

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23. Jamie L. Tingey, Jeremiah Lum, Whitney Morean, Rebecca Franklin, and Jacob A. Bentley, "Healthcare Coverage and Utilization Among Caregivers in the United States: Findings from the 2015 Behavioral Risk Factor Surveillance System," Seattle Pacific University. *Rehabilitation Psychology* (January 23, 2020).

24. Tina Parker Pope, "Why Self-Care isn't Selfish," *New York Times,* June 1, 2021, https://www.nytimes.com/2021/01/06/well/live/why-self-care-isnt-selfish.html/, accessed February 23, 2023.

25. Jack Groppel, Ph.D. with Bob Andelman, *The Corporate Athlete: How to Achieve Maximal Performance in Business and Life,* Simon & Schuster Audio, June 22. 2000.

make our lives better, physically, mentally, emotionally, spiritually, and socially. We must find the right balance in redefining self-care in our lives.

Along that line, Dr. David Benner, in his book *Care of Souls*, suggests that soul care should not focus on the narrowly religious part of our lives, but instead the health of the whole person—body, soul and spirit. A healthy soul is a whole soul. On soul caring from a Christian perspective of developing healthy souls for Christ, David Benner suggest that we should:

- show neighborly love for each other, and not just to ourselves,
- operate within a moral context to understand how life should be lived morally, but without moralizing (being superficially upright),
- be concerned about the community and not just individuals,
- do something along with people, not focusing on what we do for them,
- do not focus on the narrow spiritual aspect of personality, but address the whole person's nature of feeling, thinking, and being, and
- do not restrict soul care to the clergy or any other single group of people, but involve parents, educators, friends, clergy, spiritual directors, counselors, psychotherapists, and the souls of a broad range of others. [26]

Christian soul care is a unique and special form of personal and spiritual caregiving. The personal and spiritual caregiver focuses on self-motivation, self-management, and self-reliance, which are necessary and helpful. But Christian soul care goes further, focusing on the love, teaching and examples of Christ and recognizing that the best Christian caregiving can be practiced under the care of the Chief Caregiver of our souls.

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26. David G. Benner, *Care of Souls: Revisioning Christian Nurture and Counsel* (Grand Rapids, MI: Baker Book House Company, 1998), 32.

Conclusion

Appreciating new insights from these literary sources gave me a better understanding of how pastors and church leaders can better care for family members with health issues or physical ailments while still ministering to God's flock. The call to carry the burdens of others as we serve as church leaders is our profession. But despite our roles as church leaders—caretakers of mind, body, and spirit through Christ—we have responsibilities for our families. Most pastors and church leaders recognize the importance of caring for themselves, but doing so often takes a back seat to fulfilling vocational responsibilities, which are practically the same as those of caring for our loved ones at home. There is so much to do in such little time; and we often feel helpless during the family caregiving journey due to a lack of proper training and support.

The various studies cited above show that caregiving can take a serious toll on one's emotional and physical well-being, leading to chronic conditions and increased depression and anxiety. In a conversation article with Stanley Hauerwas, William Willimon said, "Woundedness is the predictable price we pay for being sent on outrageous assignments by Jesus."[27] But if pastors are holistically ministering to their flocks and to their family in need of care, they must holistically minister to themselves also. In other words, we must be filled with the Spirit to pour out to others.

Besides, it is the Christ-like thing to do. Yet it is an assignment that can consume us in many ways. Having experienced taking care of my mother firsthand made me very conscious of life's fragility. Somehow, I learned to do the right thing and to figure things out while jumping through the hoops. When burnout or compassion fatigue occurred on the journey, using the self-

27. William H. Willimon, "Dangers Providing Pastoral Care," Christian Century, July 27,2021, a conversation with Stanley Hauerwas, https://www.christiancentury.org/article/interview/dangers-providing-pastoral-care, accessed February 23, 2023.

care routines suggested in the books helped restore my commitment and compassionate know-how. Even though most people prefer quick solutions and resolution to struggles and problems, God faithfully helps us become the people we need to be to face those issues. As Betty Robertson said, we should think before reacting, for we are the only ones who can control the state of our emotions. It is normal to have negative thoughts from time to time, but we can seize the opportunity to concentrate on the positive aspects of caregiving. We must not let negativity overtake our thoughts.

Life goes on, so we need to accept that we did our best. Roman Reigns, a former American football player and professional wrestler said, "Don't focus on the negativity. Focus on the positivity and the people that want you to do well; then, do it for them and for yourself. Sometimes I do things for myself. Sometimes I do things for my family. Sometimes I do things for my friends."[28] There are many ways you can be supportive dealing with a seriously ill family member, but one of the most significant one is to not focus on the negativity. It can take a toll on you and your loved one in their healing process. It can easily steal your joy from the Lord. Staying upbeat around my mother was second on my priority list to help her recover from her illness. Even during her dark days, we remained hopeful and upbeat until she took her last breath. God had the final say.

28. Brainy Quote.com, https://www.brainyquote.com/authors/roman-reigns-quotes/ Accessed March 29, 2023.

CHAPTER 4

PROJECT DESIGN

Overview

The purpose of this study is to examine the readiness of pastors and church leaders as caregivers, spiritual caregivers, and Christian soul carers of family members in need of care. I plan to collect data in the form of a qualitative questionnaire to understand participants' lived experiences and perceptions of caring for a family member with medical or physical issues. The chapter concludes with an overview of the research design and data analysis.

Research Design

The questionnaire included forty open-ended, unstructured questions that were designed to encourage participants to write openly about their experiences with minimal directives. The questions in the survey were formulated from my own personal experience, and from questions drawn from numerous studies researching ways to provide care to chronically and terminally ill patients by other caregivers.

Participants

The questionnaire was distributed to a group of pastors and church leaders—a minimum of eight participants, but no more than twelve—who had fellowshipped and worshipped with my assembly over the years. After establishing verbal communication with the potential participants (who received a phone call to see if they were interested in the study and met the study criteria, detailed below), I emailed or mailed by post twelve questionnaires and consent forms detailing the specific parameters of the study (see Appendices A and B). In addition to the questionnaire and consent form, I included a description of the purpose and objective of the study, the amount

of time needed to complete the questionnaire, and the type of involvement required, as well as logistics of disclosure of voluntary participation, risks, benefits, compensation, confidentially, and my contact information (telephone number and email address), along with information about the Co-Chair of the Institutional Review Board, Dr. David Currie.

Participants were recruited based upon two criteria. First, a participant had to be a pastor or church leader. A church leader was either an assistant pastor, elder, minister, itinerant minister, ministry leader, evangelist, or first lady of the church. Secondly, the participant had to be a caregiver and/or a spiritual caregiver and Christian soul carer of a family member in need of care. Participants signed the consent form to participate in the study and completed the questionnaire about their perceptions and experiences as a caregiver, spiritual caregiver and/or Christian soul carer of a family member, and the results were analyzed according to the answers received from the questionnaire. The results will be discussed according to the question asked. Given the number of questions involved and the scope of this thesis-project, not every question will be discussed.

In implementing the project, it was not easy asking pastors (especially male pastors and elderly church leaders) to share their experiences caring for a family member with an illness. They would have to tell their story to recall some of the experiences they may have faced, thereby exposing their weaknesses and vulnerabilities during those times. Realizing that without their approval the thesis-project could not materialize, I therefore expanded the research to ask other church leaders, such as deacons, deaconesses, missionaries, and church mothers. I conveyed the idea that without their willingness to share their experiences for the study, it might not be possible to conduct further research into developing seminars and workshops for other church leaders in similar situations of simultaneously ministering and caring for a family

member. In response to the twelve questionnaires sent out, nine came back; one was excluded because the participant did not meet one of the stated criteria, one participant died before the forms could be returned, and two participants decided not to participate after my follow-up with them.

Data Analysis

At the start of the questionnaire, prompting questions were asked to draw the participants into sharing their personal accounts of the topics in the research project. The questionnaire ended with the participants being asked whether the illnesses of loved ones had had an impact on their ministerial vocation. As noted, taking into consideration the number of questions involved, not every question will be discussed given the scope of this thesis-project.

Questions 1 to 5 were church background information questions, designed to obtain data about the participants completing the questionnaire. The first question concerned whether the participant and his/her family member belonged to the same church for spiritual caregiving and Christian soul care.

As shown in Figure 1, seven out of eight, or 87% of the participants' family members belonged to the same church, while one participant said: "No, I lived in Boston, and she lived in South Carolina."

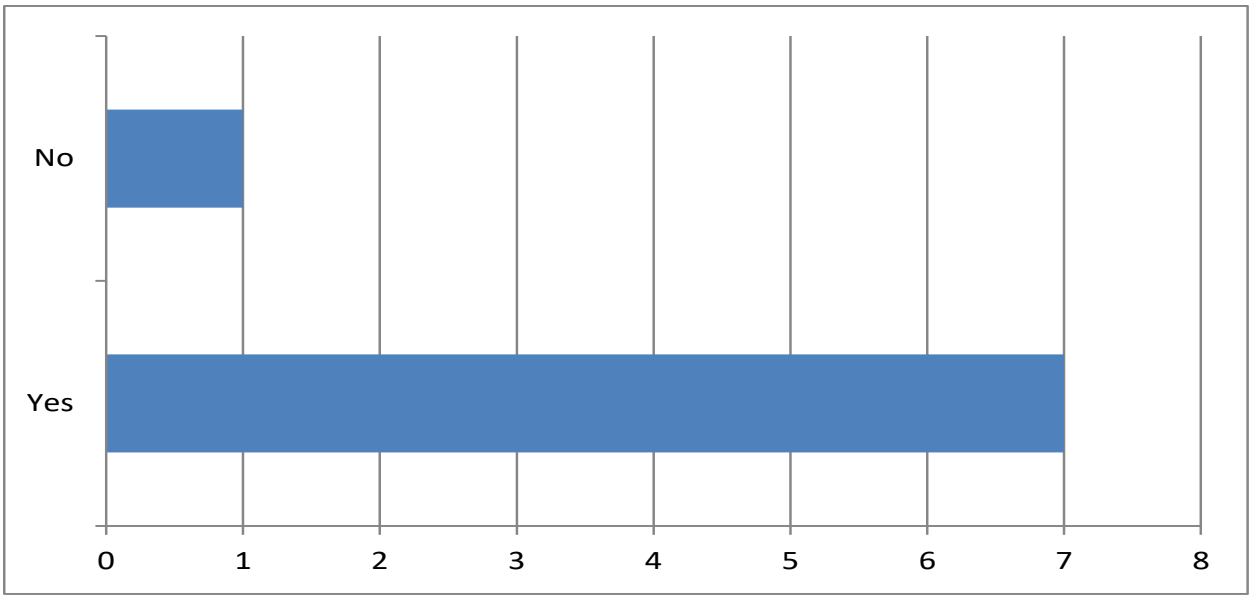


Figure 1. Belonging to same church (Q1)

Question 2 asked whether the illness of the family member affected that person's involvement with their church. Five out of eight, or 62% of the participants' family members' illnesses affected their involvement with their church. One participant said, "My mother was an avid member; she longed to go to church." Another said, "There were times when they were unable to be involved due to their health." One participant whose family member lived out-of-state said, "No, not her church, but mine in Boston" (see Figure 2).

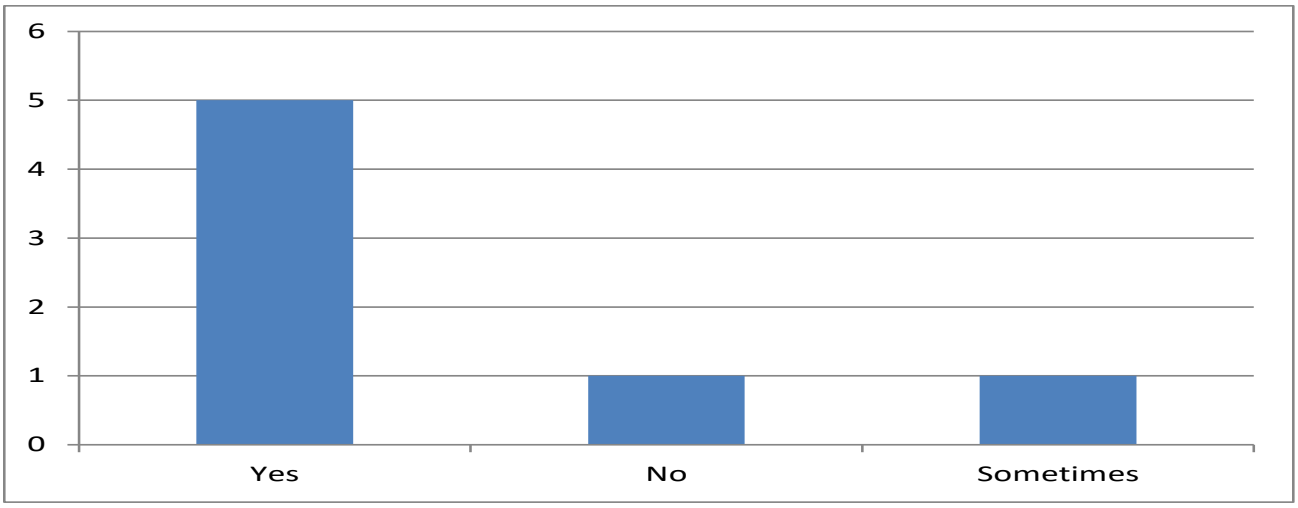


Figure 2. Family member's church attendance affected (Q2)

Question 3 was about the participants' family member's illness affecting the participant's own involvement with the church. Five out of eight, or 62% of the participants involvement with the church was affected; three out of eight said, "Somewhat, I had to look after her." Someone said, "Periodically; there were times when I had to stay home to take care of them due to their health; and another said, "Yes and no, when wheelchair dependent" (see Figure 3).

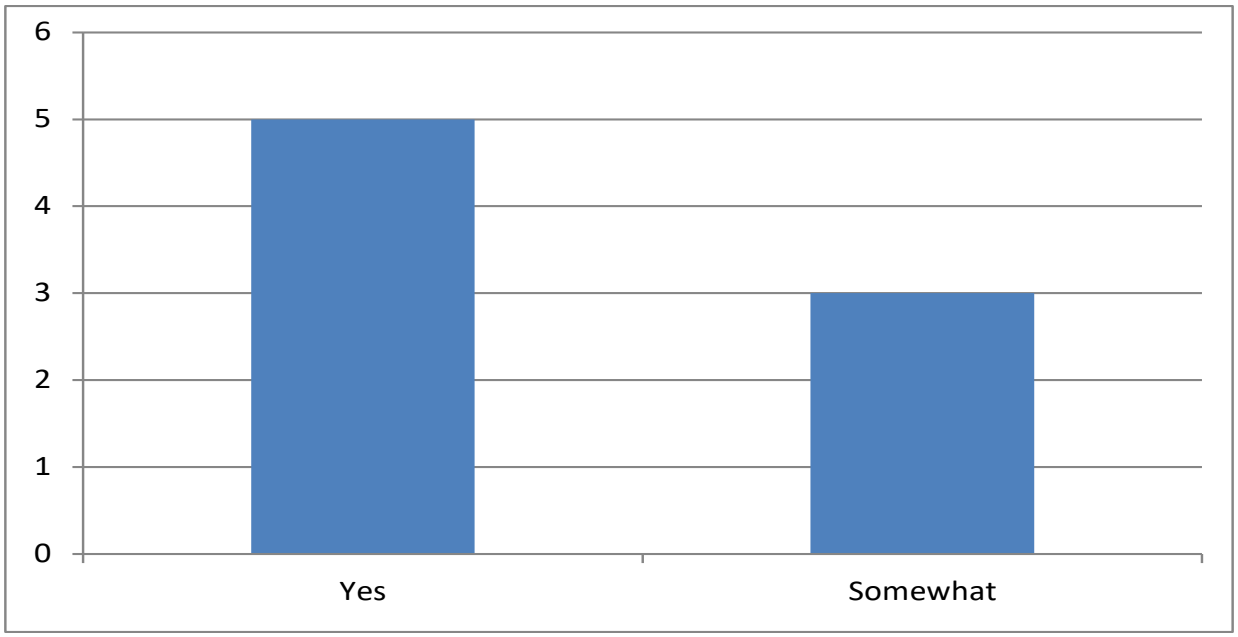


Figure 3. Participant's attendance at church affected (Q3)

As shown in Figure 4, question 4 asked participants how long they had been providing care and they responded with a series of answers from four months to forty years.

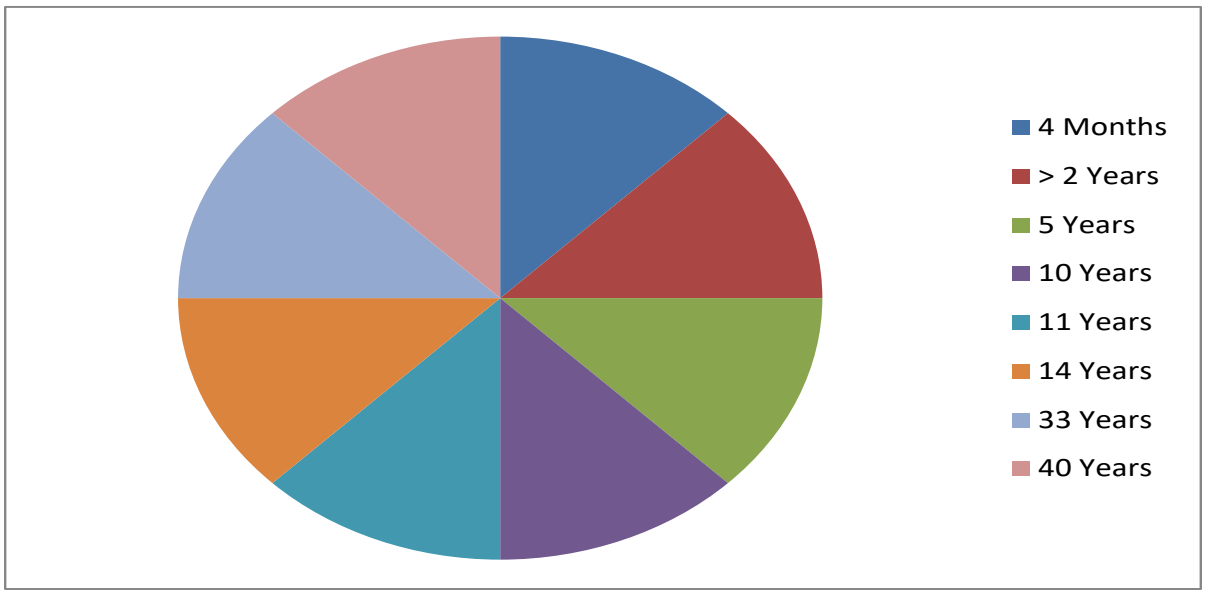


Figure 4. Years of participants' involvement with caregiving (Q4)

In question 5, participants were asked, “Who would take over caregiving if you were no longer able to provide it?” As shown in Figure 5, 50 percent of the participants declared their other siblings would take over the caregiving if they were not available. The other participants said, “my assistant pastor,” “my assistant,” “two family friends,” while the last participant said, “They are given to providers, group homes or rehabs.”

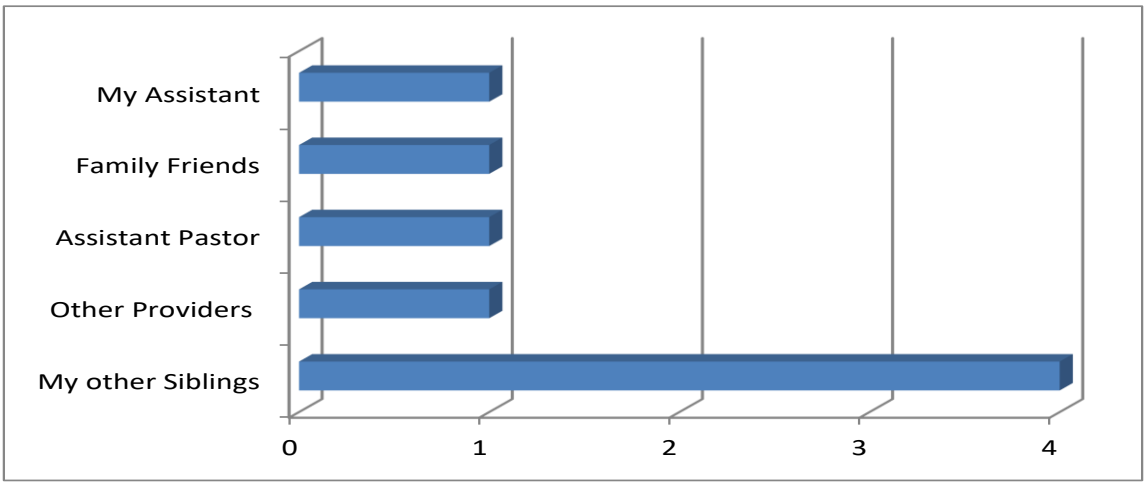


Figure 5. Other relatives helping as caregivers (Q5)

To obtain some reasonable feedback from the participants on Christian soul care, question 7 asked participants if they were able to give their loved one’s spiritual support, how they supported them spiritually, and who spiritually supported them. As shown in Figure 6, 100 percent of the participants were able to give spiritual support to their family members with one or more religious activities, such as

- Reminding them about the Holy Spirit of God,
- Reading the Scriptures together,
- Praying with them,

- Singing songs together,
- Attending church service each Sunday,
- Saying grace or blessing their food.

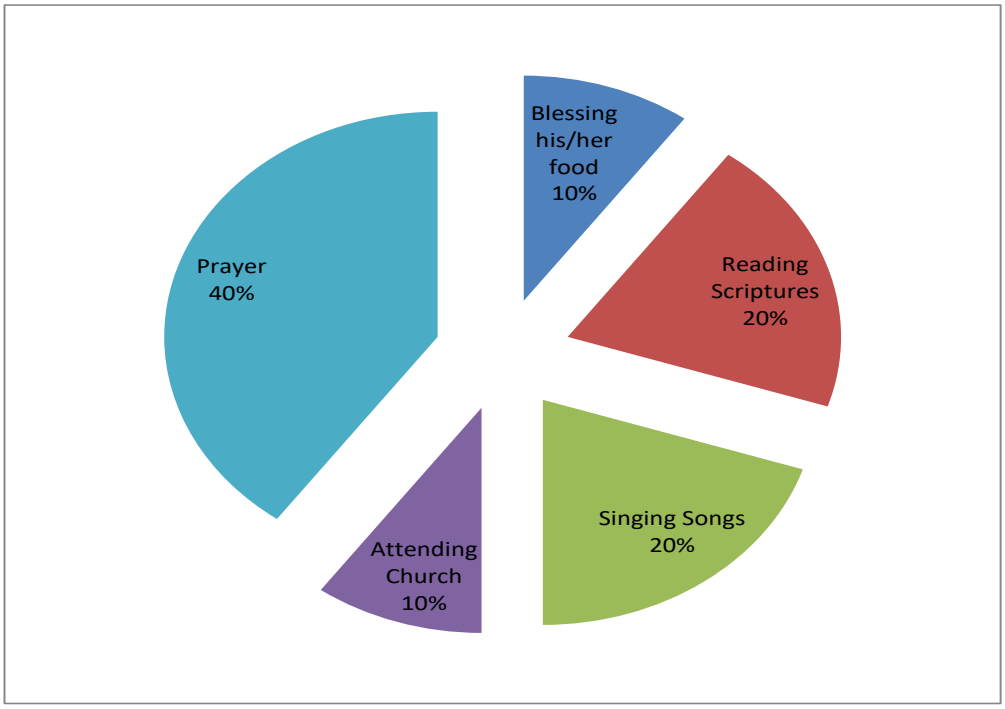


Figure 6. Offering spiritual support (Q7)

As shown in Figure 7 (Q8), seven out of the eight (or 87%) of participants said that they were supported spiritually by church members, 25 percent by their pastors, while the remaining participants received spiritual support from their best friends, spouses, and God.

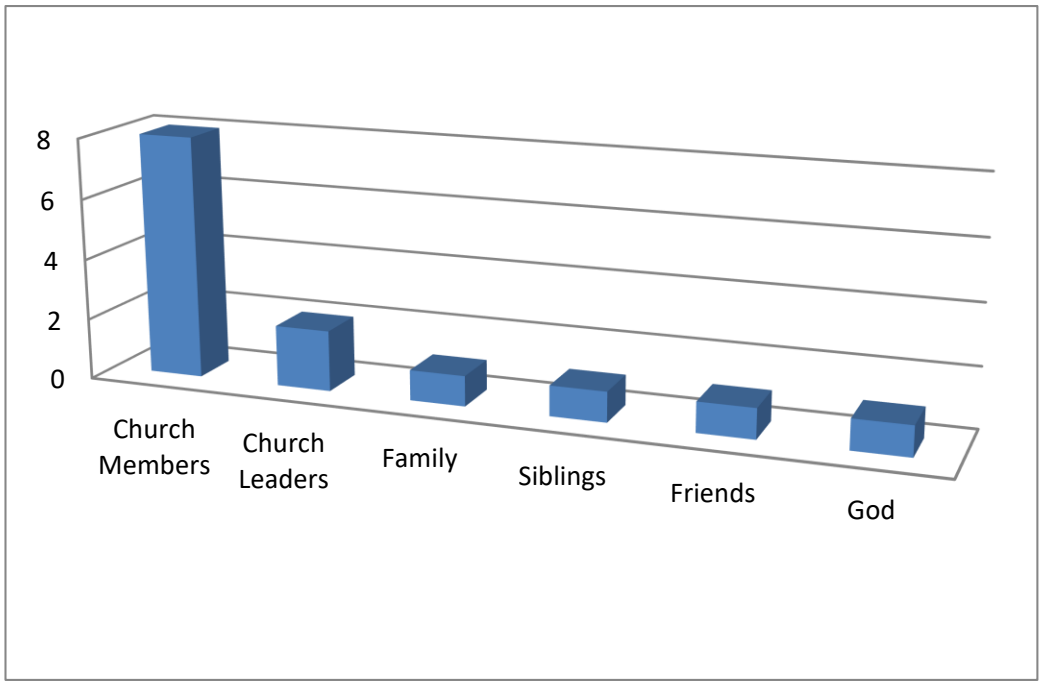


Figure 7. Receiving spiritual support (Q8)

Questions 9 to 12 concerned ways participants became involved in caregiving, and then Questions 13 to 15 focused on participants' caregiving experiences with their family members. Question 13 asked the participants if they had prior caregiving experience. Figure 9 indicates that 50 percent (4 out of 8) of the participants had prior caregiving experiences. Two of the participants said, "Yes, I was trained as a Medic and Respiratory Therapist in the U.S. Army" and "I had 24 years of nursing experiences," respectively. While 50 percent did not have prior experiences, one participant said, "No, not like this. It was a lot."

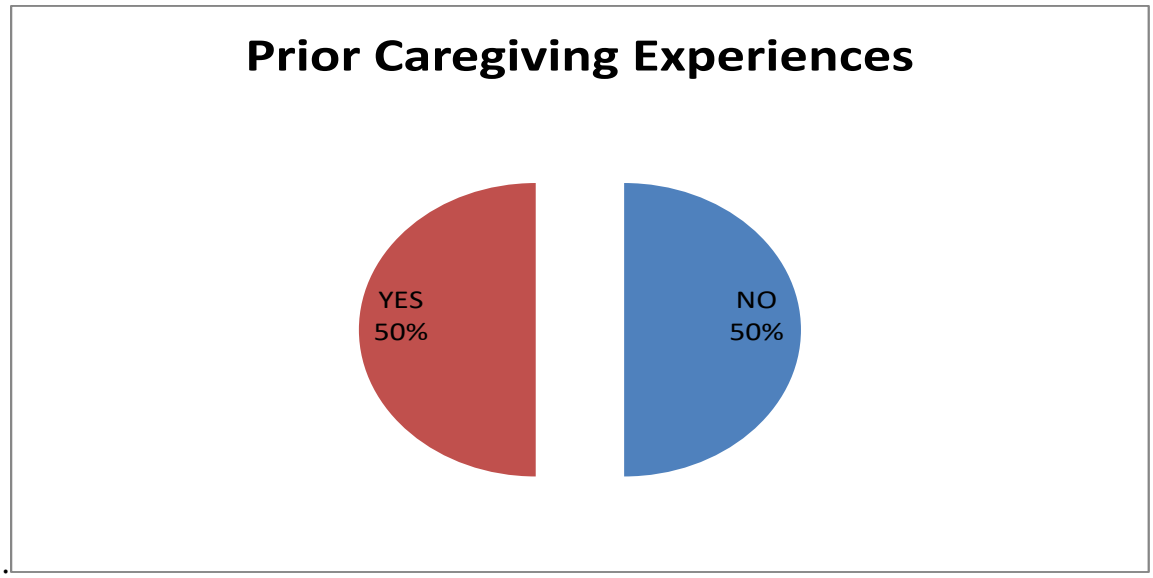


Figure 8. Prior caregiving experience (Q13)

Question 14 asked the participants, "What were your best caregiving experiences with your family member, and Question 15 asked, "What were your worst caregiving experiences with your family member? Figure 9 and Figure 10 illustrate the best and worst caregiving experiences with their family members, respectively.

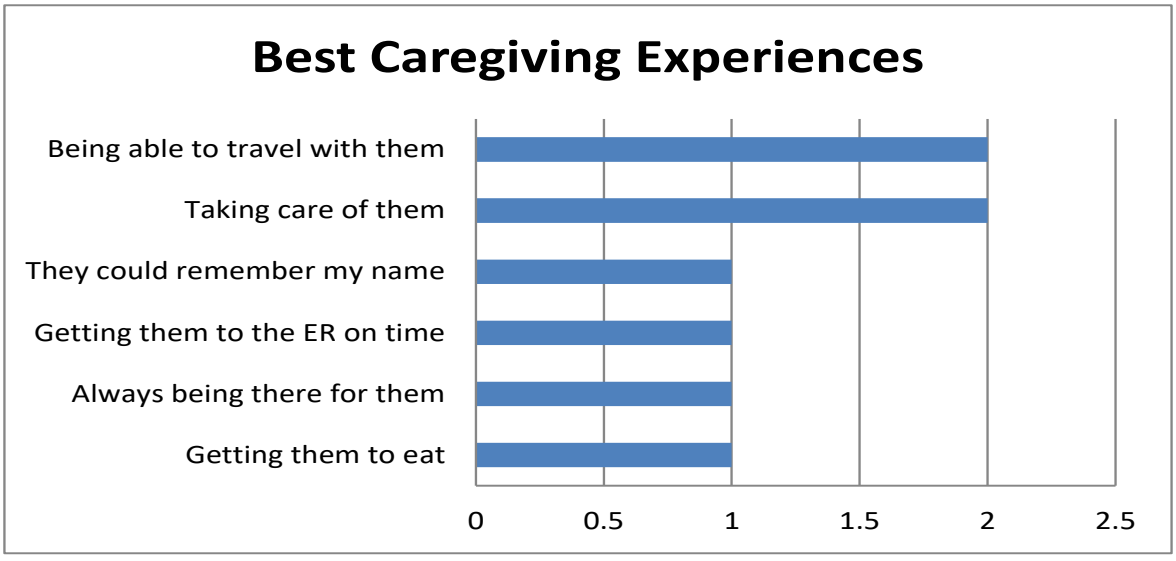


Figure 9. Best caregiving experience (Q14)

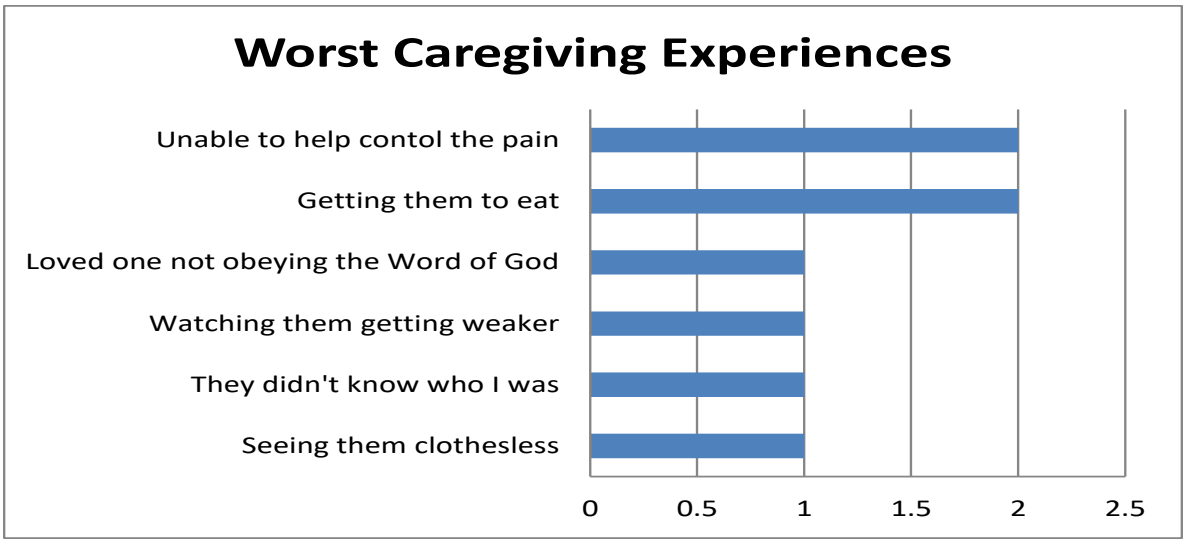


Figure 10. Worst caregiving experience (Q15)

Question 16 asked participants in which areas—caregiver, spiritual caregiver, or Christian soul carer—they could have benefited from more education or training. Figure 11 shows three out of eight, or 37% of the participants said, "All of the above"; 25 percent said, they "could use more education on the medical aspects and how to deal with the diseases"; and one participant said, "being a caregiver, spiritual caregiver and Christian soul carer was a lesson/education."

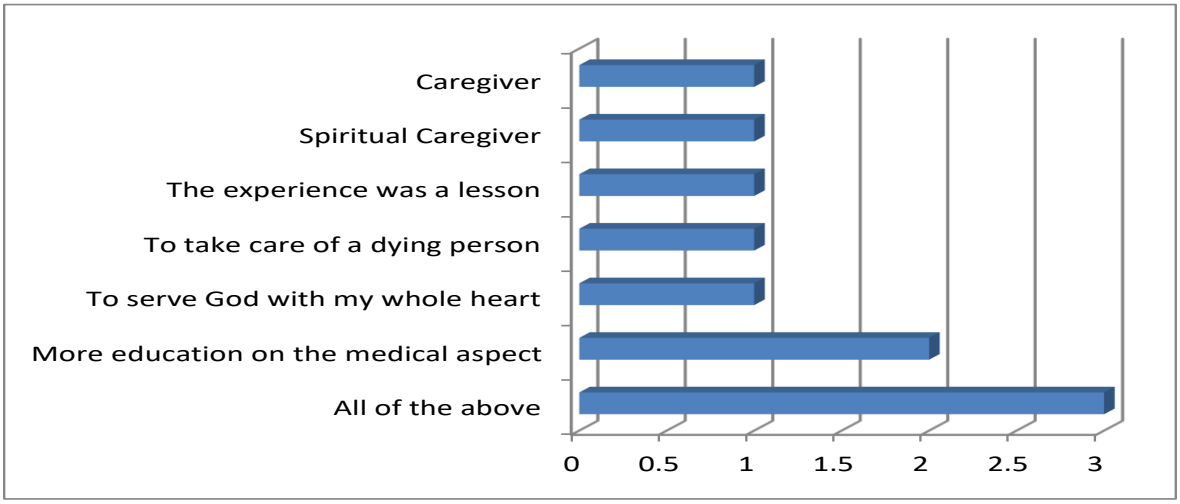


Figure 11. Areas where training needed (Q16)

Question 19 asked the participants what their experiences as effective caregivers of a family member were. As shown in Figure 12, three out of eight, or 37% of the participants said, "I was always there to attend to them," "to support them spiritually and naturally," and "to make sure they were always comfortable at all times." Other responses were "praying," "showing love," "reading the Word of God to them," "setting limits as needed," and "making sure to take time for myself and get rest."

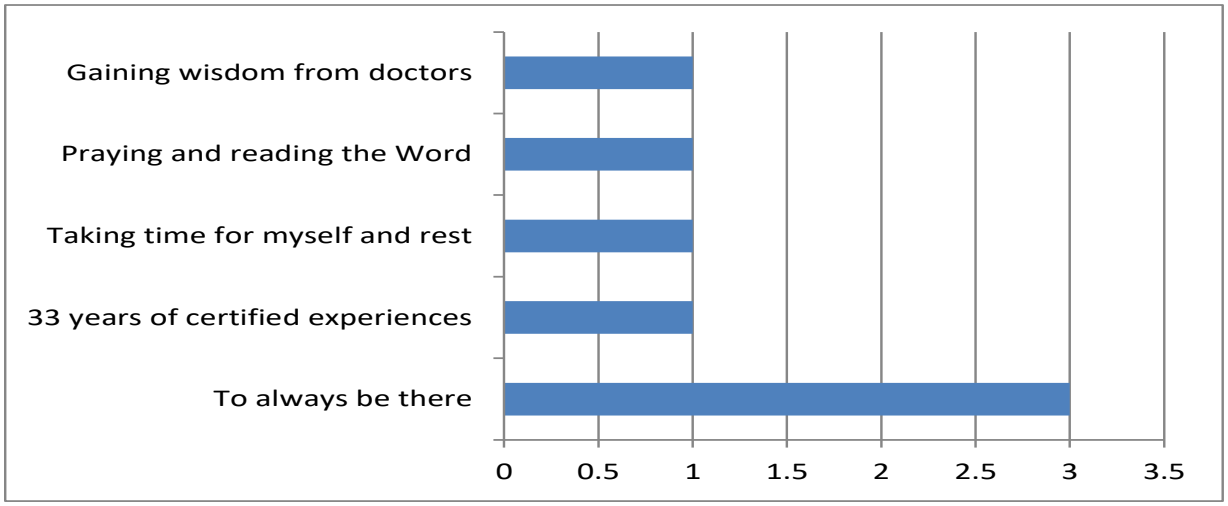
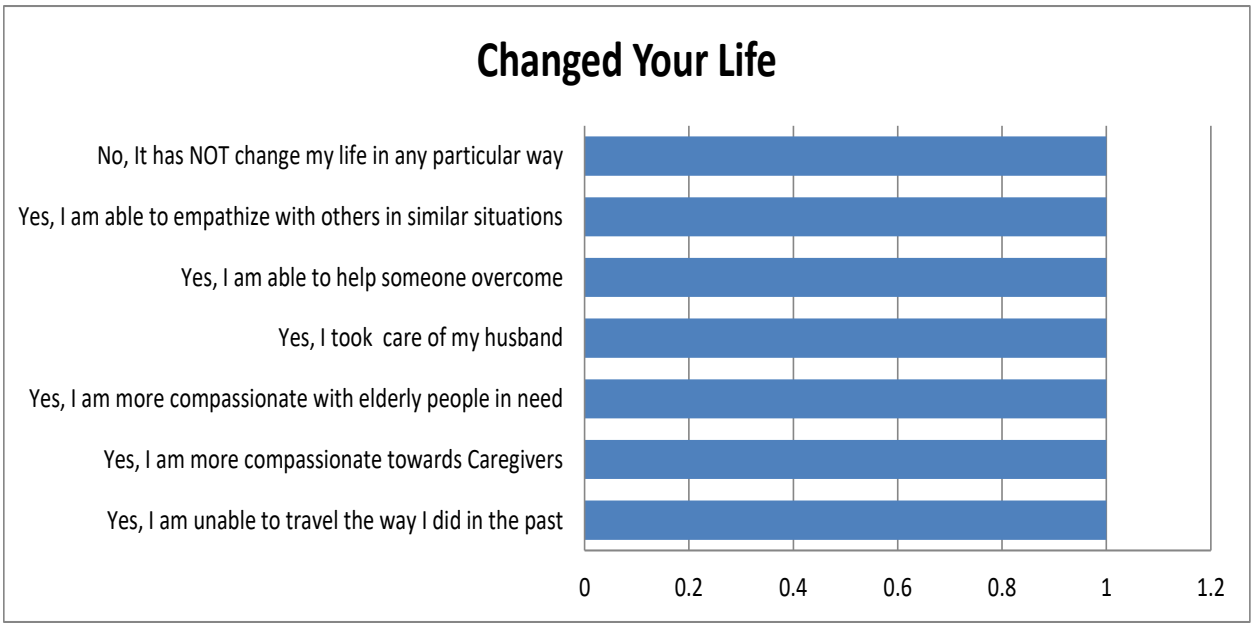


Figure 12. Effective caregiver capability (Q19)

Questions 20 to 25 focused on the participants' general perception of being caregivers and spiritual caregivers for family members. Question 20, a two-fold question, asked the participants if caregiving had changed their lives, and if yes, how it had been done so. As shown in Figure 13, seven out of the eight, or 87% of participants said that caregiving had changed their lives.


Changed Your Life
No, It has NOT change my life in any particular way
Yes, I am able to empathize with others in similar situations
Yes, I am able to help someone overcome
Yes, I took care of my husband
Yes, I am more compassionate with elderly people in need
Yes, I am more compassionate towards Caregivers
Yes, I am unable to travel the way I did in the past
0
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0.4
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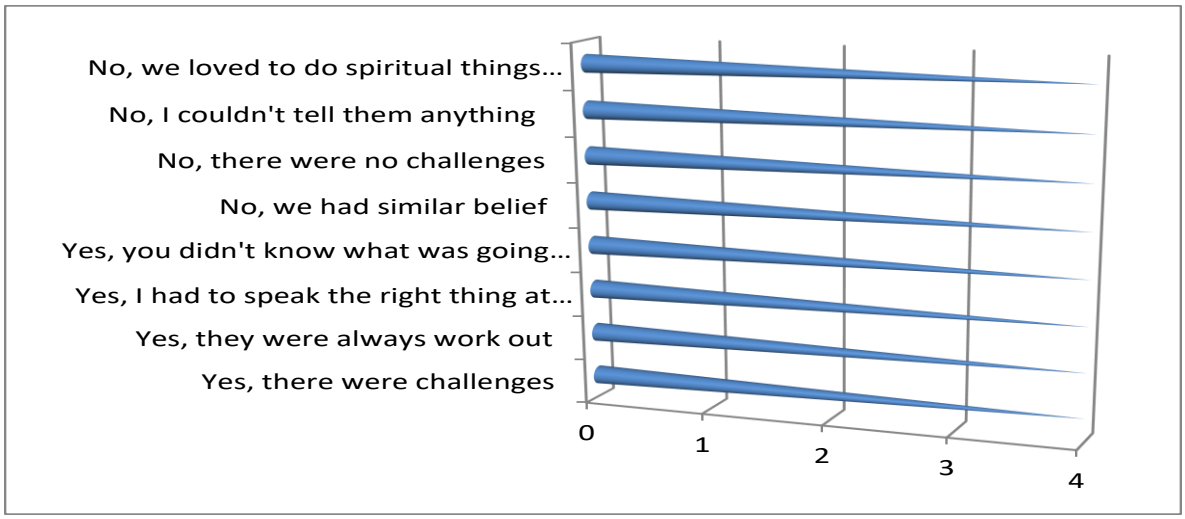
Figure 13. Changed your life (Q20)

Question 21 asked the participants if they experienced challenges as the spiritual caregivers of family members. Four out of eight, or 50% of the participants said, “No, there were no challenges”; “There were no specific challenges due to similar belief that they had in common”; “We loved to do spiritual things together”; or “This was my mother, I couldn’t tell her anything she didn’t already know.” The other 50 percent of the participants replied, “Yes, there were challenges”; “You didn’t know what was going to happen from one day to the next”; “You had to make sure you said the correct thing at the right time”; and “The challenges always were worked out” (see Figure 14).


No, we loved to do spiritual things...
No, I couldn't tell them anything
No, there were no challenges
No, we had similar belief
Yes, you didn't know what was going...
Yes, I had to speak the right thing at...
Yes, they were always work out
Yes, there were challenges
0
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4

Figure 14. Spiritual caregiver challenges (Q21)

Question 22 asked the participants, "What is/was the biggest risk to take as a caregiver of a family member?" The responses varied among the participants (see Figure 15).

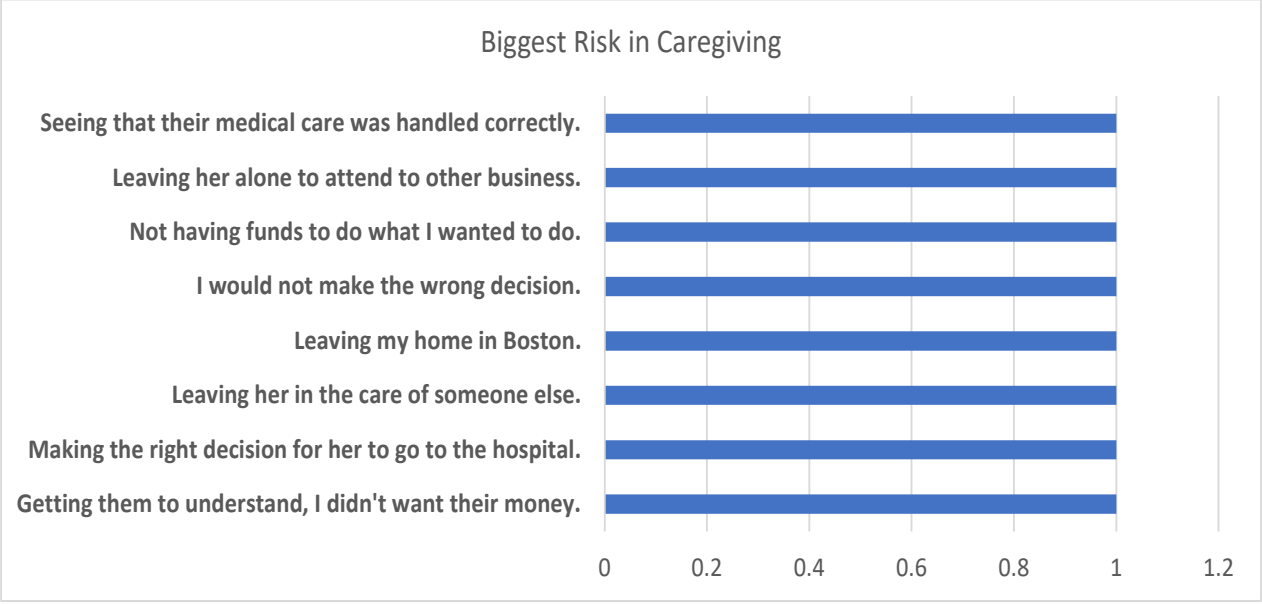
Biggest Risk in Caregiving
Seeing that their medical care was handled correctly.
Leaving her alone to attend to other business.
Not having funds to do what I wanted to do.
I would not make the wrong decision.
Leaving my home in Boston.
Leaving her in the care of someone else.
Making the right decision for her to go to the hospital.
Getting them to understand, I didn't want their money.
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Figure 15. Biggest risk in caregiving (Q22)

Question 23 asked the participants. “How did you feel as a caregiver of a family member?” Figure 16 represents their answers.

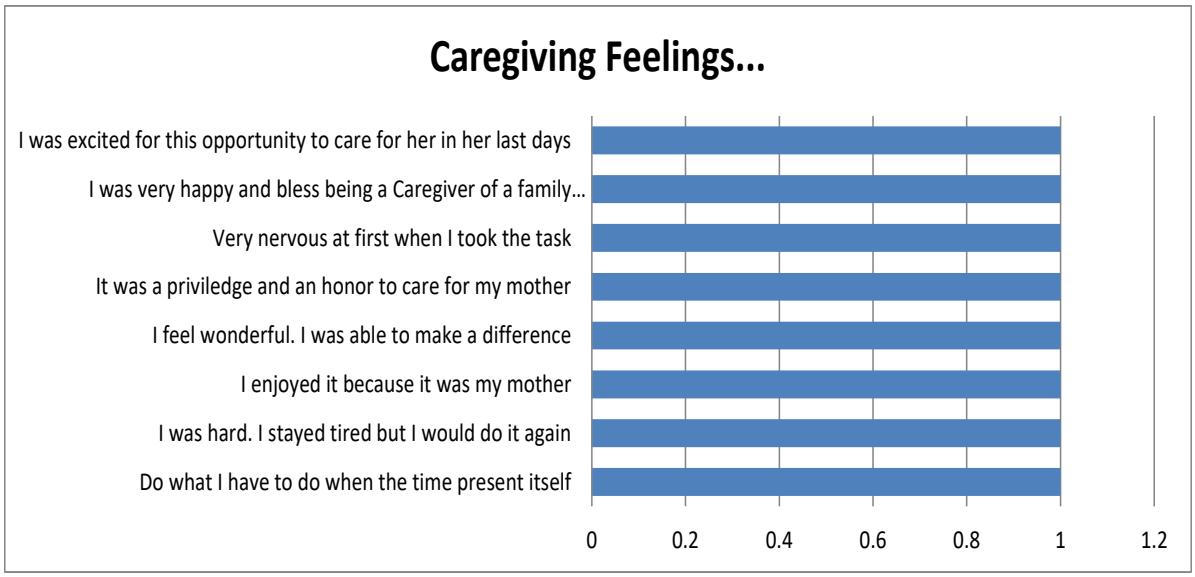
Caregiving Feelings...
I was excited for this opportunity to care for her in her last days
I was very happy and bless being a Caregiver of a family...
Very nervous at first when I took the task
It was a priviledge and an honor to care for my mother
I feel wonderful. I was able to make a difference
I enjoyed it because it was my mother
I was hard. I stayed tired but I would do it again
Do what I have to do when the time present itself
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Figure 16. Caregiving Feelings (Q23)

Question 24 asked the participants, “What annoyed you about being a Caregiver?” Figure 17 presents the responses.

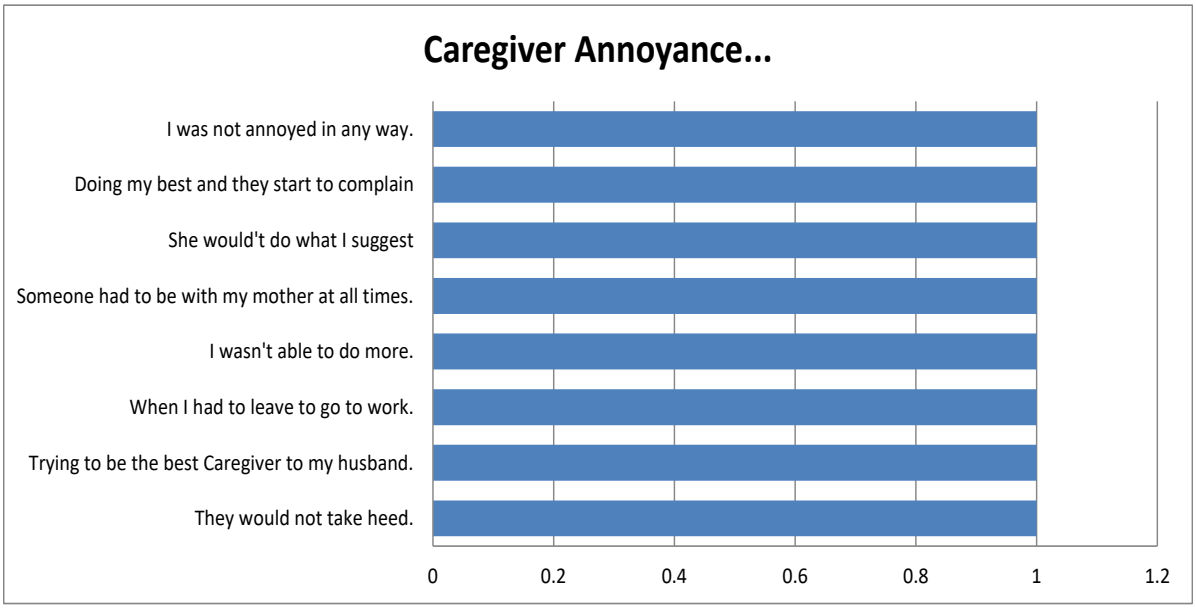
Caregiver Annoyance...
I was not annoyed in any way.
Doing my best and they start to complain
She would't do what I suggest
Someone had to be with my mother at all times.
I wasn't able to do more.
When I had to leave to go to work.
Trying to be the best Caregiver to my husband.
They would not take heed.
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Figure 17. Caregiver Annoyance (Q24)

Question 25 asked the participants, “Did your caregiving experience encompass a multitude of activities? Five out of eight, or 63% said that their caregiving experiences encompassed a multitude of activities (e.g., cooking, cleaning, doctors’ appointments, running errands, personal care, etc.). Whereas 37% said that their caregiving experience did not encompass a multitude of activities. Figure 18 represents their answers.

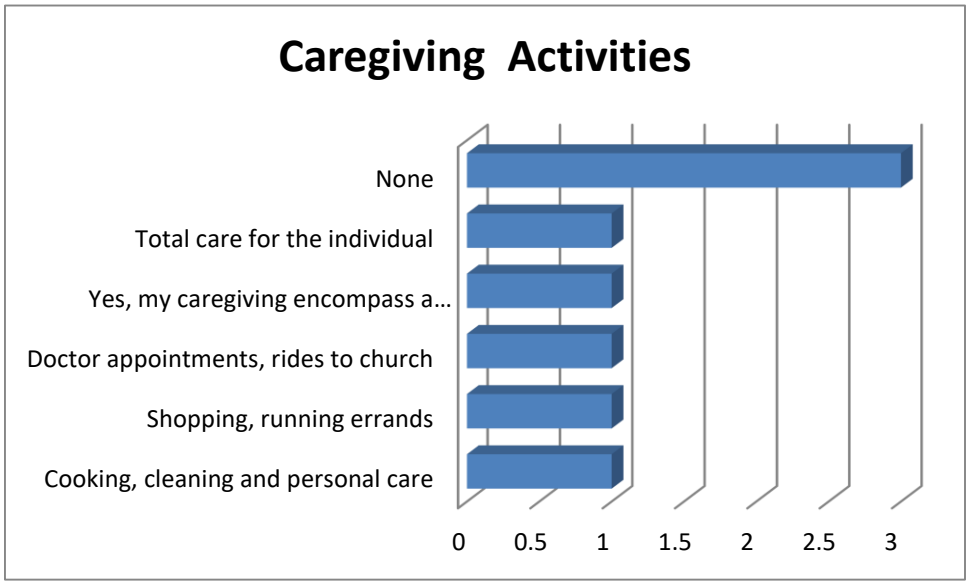

Figure 18. Caregiving Activities (Q25)

Question 26 asked the participants, “What was the main reason you chose to be a Caregiver of a family member?” Fifty percent of the participants said, “It was my mother. I wanted to take care of her myself.” The other fifty percent of the participants said, “I was more available,” “I want to be a better person,” “Another person would not do the work properly,” and “I was trying to help someone.” (See Figure 19)

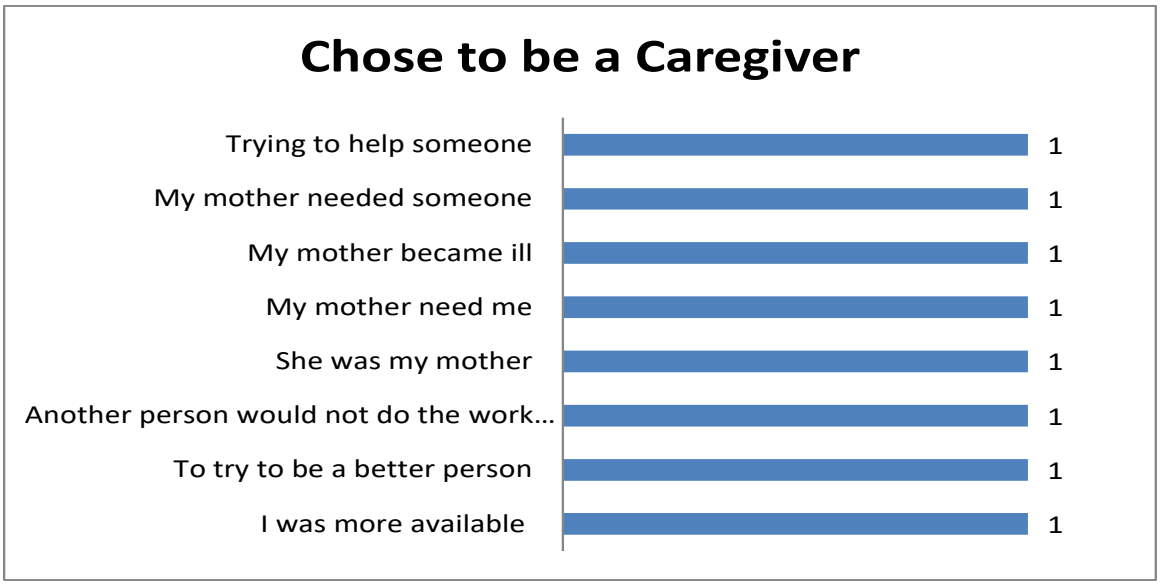

Figure 19. Chose to be a Caregiver (Q26)

In Question 27, all the participants said they were happy with their experiences as a caregiver of a family member.

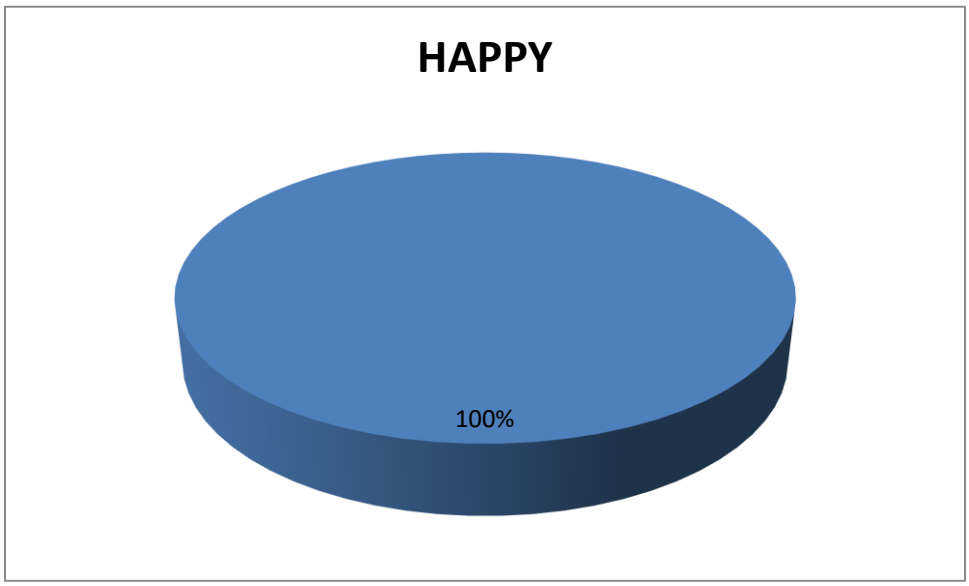

Figure 20. Happy for the experiences (Q27)

Questions 29 and 30 focused on the participants' involvement with their loved one's medical care and decision making. One hundred percent of the participants helped with the medical decisions and were involved when their loved one received medical care (e.g., doctor's office visits, being in the hospital, home health care visits, nursing homes, etc.).

Questions 32 to 34 focused on what participants would advocate for pastors and church leaders acting as caregivers, spiritual caregivers, or Christian soul carers. They were asked to give one recommendation that could be incorporated in a training seminar. As shown in Figure 19, the participants envisioned a wide range of training for pastors and church leaders needed on different topics.

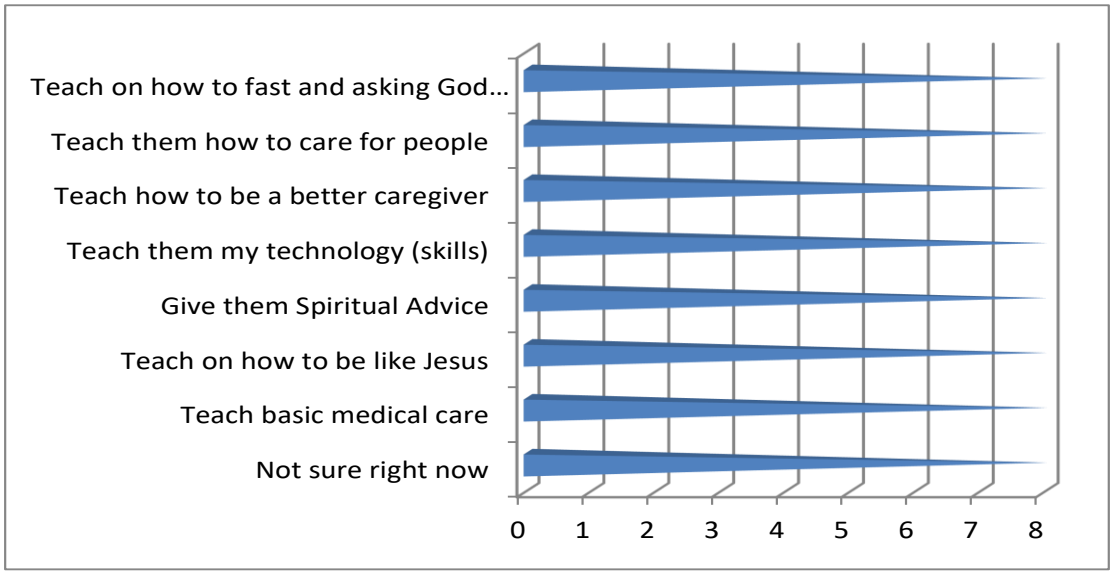

Figure 21. Teaching needs (Q32)

In question 33, participants were asked what they thought should be included in a training seminar for pastors and church leaders as caregivers of a family member. Three out of eight, or 37% of the participants recommended inviting caregiver professionals to speak at the seminars. Another participant said, "There could be a caregiver support program within the church" (see Figure 22)

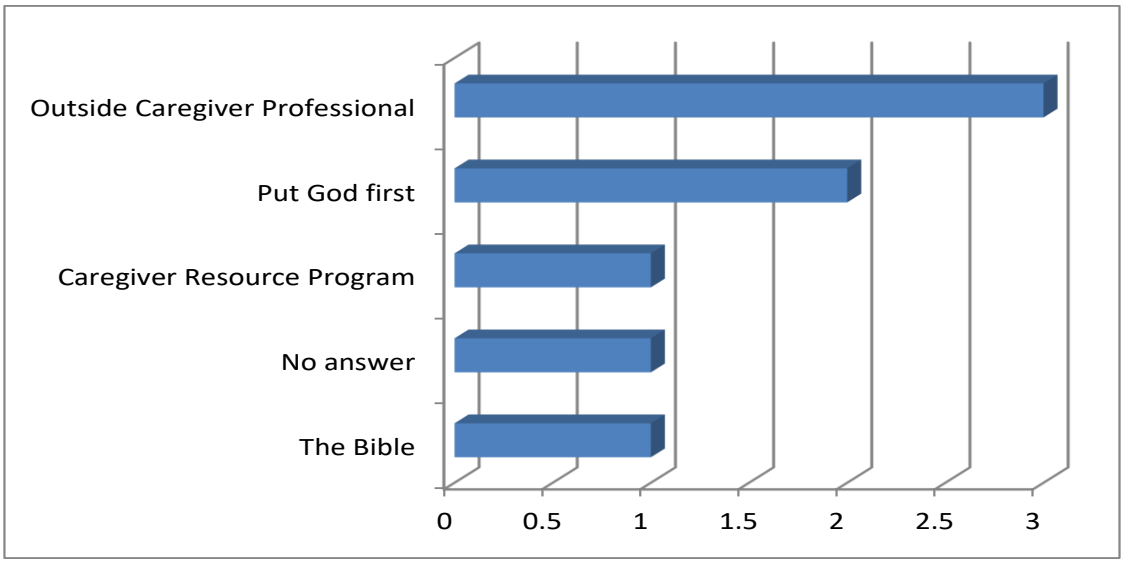

Figure 22. Recommendations for training seminar (Q33)

Question 34 asked participants what advice they would give to other pastors, church leaders and informal (family) caregivers. Several opinions were received. One participant stated, "Never become frustrated and always be kind and gentle toward your loved one." Another advised caregivers, "to treat each individual as if it was (sic) you. Try to see things from their perspective. Be kind to all involved." Participant #6 mentioned "keeping an eye on the caregiver to ensure he/she is not having burnout or depression" (see Figure 23).

	Never become frustrated and always be kind and gentle toward your loved ones.
	Be the best you can in doing the Lord's work; also take care of the flock that God put you over and do good to all men.
	If they are strong to cope with their needs; [you] continue to love them when they are in a mood that sometimes [bring] tears in your eyes.
	Be sure to offer emotional, social, and spiritual support to the individual as well as the entire family.
	Get more involved.
	They should keep an eye on the Caregiver to ensure he/she is not having burn out or depression.
	To treat each individual as if it were you. Try to see things from their perspective. Be kind to all involved.
	Be willing to understand when a Caregiver can't be at the same meeting or services; pray for them when things happen; ask if you can be helpful in any way you are needed.

Figure 23. Advice to pastors and church leaders (Q34)

Questions 35 and 38 concerned the role of external caregivers (if any). Six out of eight, or 75% of the participants received help with an outside caregiver and thought they were useful. Question 38 asked the participants if caregiving was a duty, a burden, a privilege, a blessing, or a little bit of each. As Figure 24 shows, six out of eight (or 75%) of the participants said, "a blessing"; 50% of the participants responded that it was a privilege and a little bit of each; and 25% of the participants felt it was a duty. No one saw it as a burden. (See Figure 24)

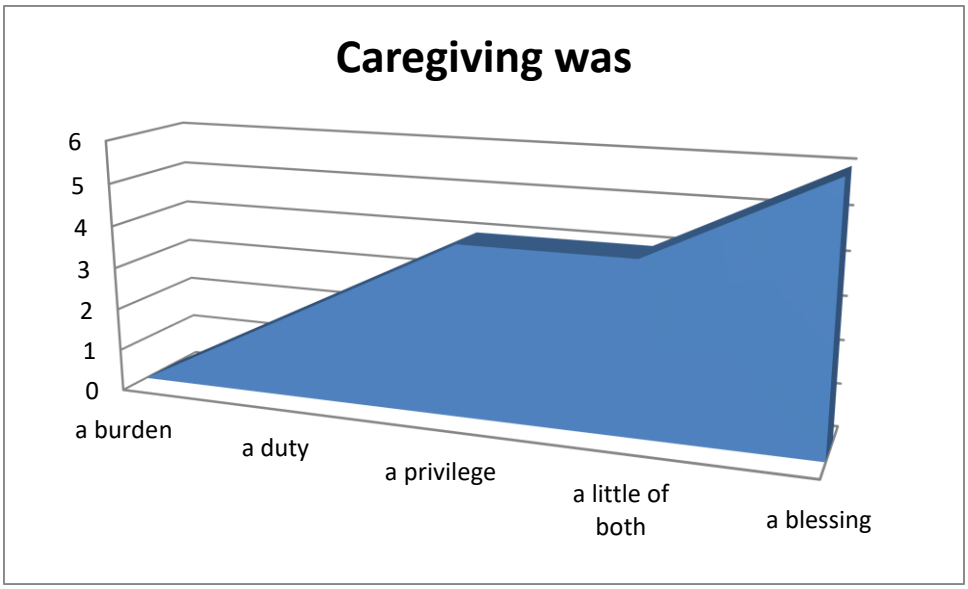

Figure 24. Participants' outlook (Q38)

The final two questions asked by the participants rate the level of their spiritual caregiver experience and indicate if their loved ones' illnesses impacted their ministerial vocation and how. As shown in Figure 23, five out of eight participants (or 62%) rated themselves as "very experienced" and the other 38 percent said they "had experience."

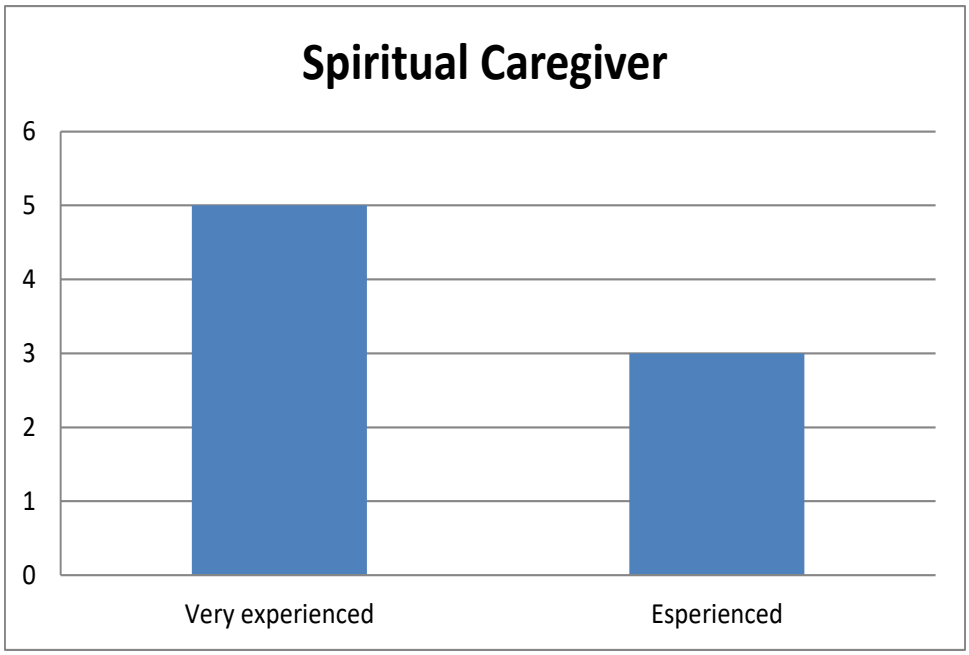

Figure 25. Experience levels (Q39)

Unfortunately, there was an unintentional omission in the second part of Question 40 that escaped the questionnaire designer. The question should have been read, *Did your loved ones' illness have an impact on your ministerial work? If so, describe how your family member's illness impacted your ministerial vocation.* The fact that seven out of eight (or 88%) of the participants said their "loved ones' illness had an impact on ministerial work" resulted because most participants answered according to what had been asked. Three out of eight (or 38%) of the participants answered, "Yes." One participant said, "It did teach me patience, to be kind and share the Gospel." The other three participants said, "No," "No, I always find the time for God and His word," and "Not really, I had several people assisting me when I needed to perform my ministerial duties," respectively. Participant #5 did not respond. (See Figure 26)

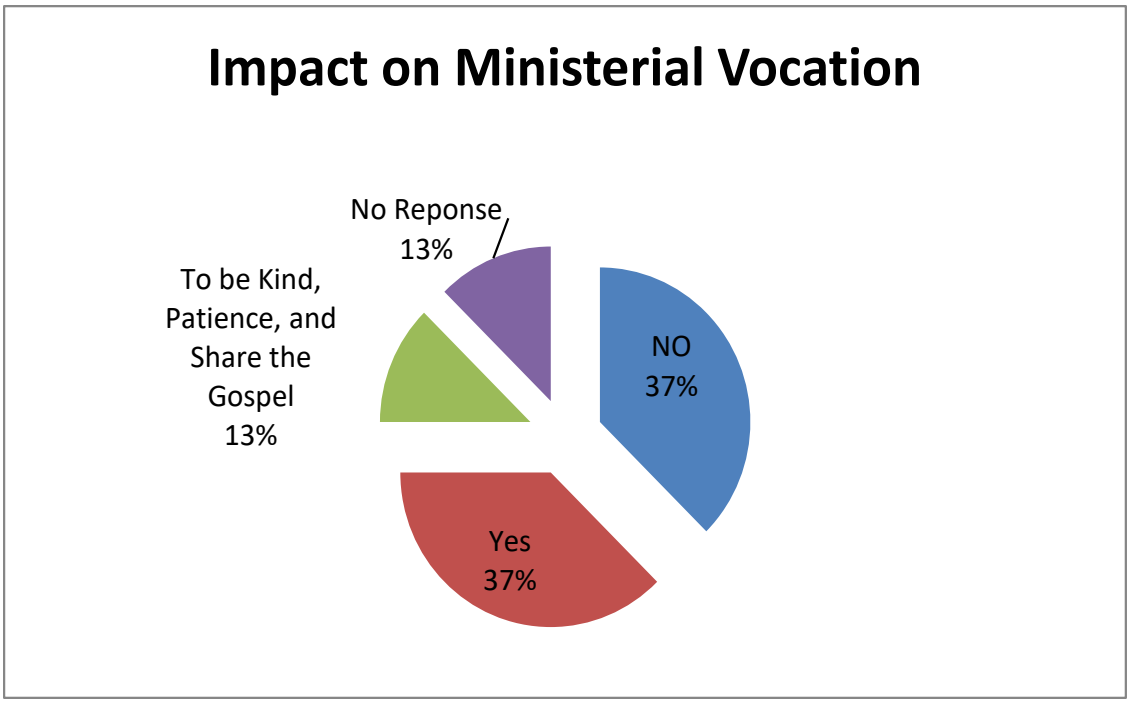

Figure 26. Impact on ministry (Q40)

Summary

In summary, the questionnaire examined the readiness of pastors and church leaders as caregivers, spiritual caregivers and/or Christian soul carers of a family member in need of care. The results of the questionnaire were discussed along with an analysis. The overall responses need further analysis. Also, several lessons were learned about pastors and church leaders as caregivers, spiritual caregivers, or Christian soul carers of family members in need of care, and these are covered in the next chapter.

CHAPTER 5

OUTCOMES

The purpose of this thesis-project is to evaluate the readiness of pastors and church leaders to be caregivers and spiritual caregivers of family members in need of care, and to offer practical suggestions for improving that readiness. The research study was birthed out of my decision to take care of my mother's needs while serving as a church leader in the local church, and the challenges I faced. Based on the biblical studies of chapter two, the literary research of chapter three, and results of the questionnaire outlined in chapter four, some general observations about pastoral readiness will be offered in this final chapter, and a few recommendations will be made to improve that readiness.

A Challenging Blessing

The exploratory questionnaire of chapter four revealed that the perceptions of the eight local pastors and church leaders surveyed about providing care to a family member varied from participant to participant. But it also showed that all the participants willingly volunteered to be caregivers. They chose to be caregivers even if they didn't have the formal training, time or resources needed to sustain the daily care of a vulnerable family member. All the participants also said that their relationship with God influenced the decision to care for their family member in need, and that they eventually considered it a blessing to be able to care for that family member and would choose to do it again.

Nevertheless, one of the participants felt it would have been better if her family members shared the same church, to make it easier to have a shared perspective on struggles with health, work and financial challenges. Another participant said that she had to move to a different state

to provide care for her parents. This relocation caused emotional, physical, and spiritual detachment from her immediate and local church family, and it was disruptive to travel back and forth to support both needy parents and family. This is a regrettable situation, but a real one. In my situation, my mother was no longer able to care for herself or handle daily living responsibilities. So, to ensure her continued wellbeing, she re-located to Boston to live with me and my family. While this was convenient and a beautiful thing, my mother never adjusted fully to the idea of relocating. But members from both our churches, families, and friends did call regularly to check-in on her.

Willing but not necessarily Prepared

The research study showed that pastors and church leaders are equipped to provide spiritual care, but not necessarily ready for the unknown of caregiving and the range of emotions they will have to face. They are ready as pastors, but not prepared for everything they will encounter when they care for a family member. It is easy to feel overwhelmed and underprepared, especially when discovering that the family member's needs change over time, and that they also must change in accordance with those needs. The caregiving experience then becomes a process of continual change as the family member's health condition changes. Most pastors and church leaders did not plan for the role of family caregiver. Many accepted it with grace, while others were assigned to assume it. One participant said, "I was very nervous at first when taking on the task of caregiving." Yet they all were willing to accept the challenges.

Overall, this research helped me to accept my emotions, both positive and negative, and not beat myself up over my shortcomings. Life as a caregiver also helped me to become an agent of healing for myself. These lessons taught me that sacrosanct and godly work as a church leader can be done as a caregiver also. However, I had to learn the need for self-care the hard

way. Such experiences force a person to rethink what she is doing and how she is doing it. In the end, rather than bottling up these emotions, I coped with them by writing about them in my thesis-project.

There is a need to recommend and encourage future research to allow pastors and church leaders to acknowledge their caregiving experiences in a comfortable and safe environment, and to develop workshops or seminars for spiritual/church leader caregivers of a family member in need of care. Echoing all the ideas and advice from the study, I encourage pastors and church leaders to talk with each other, to share their successes and failures in caregiving, as well as their needs, and to simply be there for each other, learning and growing together.

Pastors are just like everybody else, only more so.

In the survey church leaders were asked whether they had any advice for other caregivers, based on their own experience. One of the participants said, "Never become frustrated and always be kind and gentle toward your loved one." Good advice, but perhaps not quite realistic. Caring for a family member is challenging and at times frustrating, and the frustration can have serious consequences for everyone involved. Talking about one's frustration to another pastor or caregiver in a similar situation could help to release frustration, as well as provide useful information or advice. Taking care of my mother by myself became overwhelming at times, but I came to realize that whenever she needed help beyond my means, I was responsible for seeking professional assistance. At the same time, controlling one's responses to the situation by being kind and gentle is better than becoming frustrated and reacting in a way you will regret. "A hot-tempered person stirs up conflict, but the one who is patient calms a quarrel" (Prov 25:18). We need to be kind and gentle, but we also need to be kind and gentle with ourselves and realize that we have our limits, and we need to ask for help.

Through this thesis-project I discovered that it was not easy to get male pastors and elderly church leaders to share their experiences as caregivers of a family member in need of care. Since most pastors and church leaders are often the go-to-person to turn to for advice, their own assumption, and the assumption of others, is that they have superhuman skills. Even though they may have taken on the attitude of Jesus' suffering, most pastors and church leaders are not ready to show their nail holes, in the way Jesus showed His to Thomas. A question was asked in one of the case studies in Kenneth Swetland's book, *Facing Messy Stuff in the Church*: "Why do some people in the church assume that pastors are immune to grief?"[1] The answer is that pastors are people too. Just like everyone else, they have strengths and weaknesses, joys and sorrows. In the words of Swetland, "Pastors are just like everyone else only more so."[2] It is sometimes hard for them to show their emotions because people's perceptions of them tend to be different from the person they really are inside.

One participant said that when his wife (first lady and mother of the church) died, he was so busy encouraging and counseling other members in the church, he did not have time to personally grieve. He said that he lost not only his wife but his best friend, a partner in the ministry. Although, he dealt with his grief inwardly to encourage his family and the grieving church members who had loved his wife so much, he still needed time and space to grieve. Unfortunately, Pastors can give the impression that they deal with their grief better than others for the sake of their congregations.

As a church leader, acting as one's own grief counselor is not recommended. Experiencing grief firsthand has negative impacts and manifests itself in many physical ways,

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1. Kenneth Swetland, *Facing Messy Stuff in the Church* (Grand Rapids, MI: Kregel, 2005), 102.

2. Swetland, *Facing Messy Stuff*, 102.

such as headaches, difficulty sleeping and stomach problems. We need someone to come alongside us to comfort us and help us process our loss. While there are many signs of unresolved grief, research shows the most common symptoms are: intense sadness that doesn't improve with time; fond memories that turn painful; avoidance of getting close to people; numbness, emptiness, fatigue, and digestive issues; avoiding reminders about the loss, and keeping the same routines out of fear of forgetting.[3]

The Bible says that in our eternal home, "God will wipe away every tear from their eyes; there shall be no more death, nor sorrow, nor crying. There shall be no more pain, for the former things have passed away" (Rev 21:4). And the apostle Paul told us not to "sorrow as others who have no hope." But Christians still grieve, and pastors need to be able to share their grief like everyone else.

Perhaps, pastors and church leaders could organize grief recovery groups in their area to acknowledge and accept one another's feelings during this journey through similar situations. Apostle Paul says, "Blessed be God, even the Father of our Lord Jesus Christ, the Father of mercies, and the God of all comfort, who comforteth us in all our tribulation, that we may be able to comfort them which are in any trouble, by the comfort wherewith we ourselves are comforted of God." (2 Cor 1:3-4) Providing care for a family member or an aging parent is an unselfish assignment from God, and getting support from another church leader could be beneficial in processing grief.

3. Eddins Counseling, "Understanding Unresolved Grief," https://eddinscounselincom/understanding-unresolved-grief/. Accessed December 21, 2022.

The Need for more Training

In response to another survey question, all the pastors and church leaders said they were willing to receive more education and training in physical or spiritual caregiving and Christian soul caring. Even though half of the participants described themselves as having prior caregiving experience, one participant said, "I had prior experience but not like this. It was a lot." Another participant said, "It was hard. I stayed tired but I would do it again and again." As the research shows, caregiving is not usually permanent; it is a temporary, but challenging, interruption in life. There are no formal education requirements to be a caregiver; yet a wide set of practices and skills are needed to meet the daily challenges that will arise. If you have the necessary support or ask for the right resources, it can be done.

Some of the skills which could be offered in a training program for caregivers might include:

- An introduction to Hospice Care, including a list of providers,
- Guidance navigating health care needs and providers, including lists of helpful professionals,
- Communicating with Family Members and others,
- Knowing your limits and when to seek professional advice and help,
- Providing spiritual care through Scripture, prayer, and encouraging presence,
- How to discuss difficult issues with an aging parent, i.e.., healthcare, finances, moving and more,
- Encouraging independence and self-reliance in an aging family member,
- Self-Care: why it is important and how to do it, and
- How to share your own needs in a safe and helpful way.

An important beginning would be to collect and compile a resource list of names and caregiver services to be used for referring pastors and church leaders in the local area. It would also be helpful to invite some of these professional caregivers to make presentations in the training program. Though it was not the purpose of this thesis-project to develop a training program, that would certainly be an important next step in the process of helping pastors and church leaders to be ready to provide care to dependent family members.

A Big Disappointment

One of the most disappointing aspects of this thesis-project was discovering that some pastors and church leaders were not willing to share their caregiving experiences, especially male pastors, and elders. Perhaps, like many other professionals, pastors and church leaders think medical care or helping others is personal information. Certainly, appropriate boundaries in the sharing of personal information require confidentiality and careful planning. Yet sharing what they have learned in caregiving might have helped others in dealing with their own experiences. However, some pastors and church leaders were not willing to share their family members' vulnerabilities, nor were they eager to be vulnerable about their own feelings. Therefore, many refused to participate in the survey.

Praying that God would lead my colleagues to trust and share for the purpose of the research sounded good at the time. But it did not prove adequate. I simply did not anticipate the reluctance of church leaders to share their experiences as caregivers of their family members, or their unwillingness to participate in the survey. Nor did they give me justifiable reasons why they would not participate.

One insight that comes out of this thesis-project, therefore, is that pastors and church leaders need to be made aware of the need to better serve the caregivers in their congregations. A

2013 Pew Research report on family caregivers said that 39 percent of adult Americans are caregivers for an adult or child with serious health problems. This percentage is growing annually. Because the stakes are so high, the churches need to face the challenge of providing care for caregivers. In addition to encouraging and supporting caregivers, the churches can provide basic information to help people navigate through the complicated health care system, thereby enabling families to make good choices during an exceedingly stressful time. The church's role, after all, is to extend a helping hand as it teaches people what it means to be human, to live and die well. Training caregivers in self-care could also be a way of helping pastors and church leaders meet the need for personal soul care and dedicate time and space for spiritual counseling of caregivers. We all need a safe space to process our journey, become open to God's presence, and remain supported through the opportunities and challenges of life.

Concluding Postscript: One thing I would Change

As I look back on this project, one thing I would change is the method of gathering information. The written questionnaire was good, but not necessarily the best thing to do. In fact, it would have been better to combine a written survey with personal conversation. Questionnaires and surveys are a common way to collect data for research. But a one-on-one conversational interview might have been better, since it would have enabled asking additional questions, if needed. An interview would have also limited the number of questions on the questionnaire and allowed pastors and church leaders to recall their caregiving experiences. Therefore, it would have created a more personal connection and possibly elicited more vulnerable sharing.

Conversely, while on the telephone with a participant whom I requested to participate in the study, I overheard the mother yelling in the background. It was an awkward and

uncomfortable moment for both of us. Immediately the conversation bogged down, the participant became frustrated, and lost interest in participating in the study. The conversation ended, and we both left in a difficult and emotional state. It was disappointing but understandable. This experience further underscores the ongoing challenges and daily battles a person goes through when undertaking the role of a caregiver. It also suggests that face-to-face interviews would have required more careful planning and might have introduced its own difficulties.

APPENDIX A: CONSENT FORM

Project Title: **Pastors and Church Leaders as Caregivers of a Family Member**
Principal Investigator: **Gwendolyn Sams-Lynch**

INTRODUCTION

Despite the effectiveness of Caregivers, Spiritual Caregivers and Christian Soul Care few studies have focused on Pastors or Ministry Leaders for this type of work with a family member.

You are being invited to take part in a research study in order to understand the experiences and concerns of Pastors and Ministry Leaders in the Church as Caregivers, Spiritual Caregivers or Christian Soul Care of their family member.

WHAT IS THE PURPOSE OF THE STUDY

The purpose of this research study is to explore and understand the concerns and experiences of Pastors and those assisting their Pastor as a Caregiver, Spiritual Caregivers and Christian Soul Care of a family member. The information given will give a voice to Pastors and Ministry Leaders in the Church to express their concerns as a Caregiver, Spiritual Caregiver or Christian Soul Care of a family member who is not capable of caring for themselves, to give rise to a wider audience in the Christian community to support the development of a seminar or training programs for Pastors and Ministry Leaders as a Caregiver, Spiritual Caregiver, and Christian Soul Care of a family member, and to recommend further study in the implementation of support for the development of workshops**.**

This study is being conducted by Gwendolyn Sams-Lynch of Refuge Temple Church. Please be assured that all of your answers will be kept strictly confidential. The information that you provide will be presented only in summary form, in combination with the responses of other participants in this study. The answers that you give will never be linked with your name. By completing this questionnaire, you have given your consent that you are a voluntary participant in this study.

WHO CAN TAKE PART IN THIS STUDY

To take part in this study the participants, acting or having acted as a Caregiver, Spiritual Caregiver or Christian Soul Care of a family member, will be selected because of their unique role as a Pastor, Assistant Pastor, Elder, Evangelist, Minister, First Lady, Church Mother, Missionary, Itinerant Minister or Ministry Leader.

PURPOSE OF CONSENT FORM

The purpose of this consent form is to give you the information you will need to help decide whether to be in the study or not. You may ask any questions about the research, what you will be asked to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research on this form that is not clear.

PROCEDURES

If you agree to participate, your involvement will last between 1 – 2 hours to complete the study.

1-2 hours	The researcher will collect information by using an open-ended questionnaire that will be e-mailed or postal mailed to the volunteer participants providing the information and returned back to the researcher in the method received.

RISKS

There are no foreseeable risks associated with participating in this research project.

BENEFITS

There are no personal benefits for participating in this study, but I anticipate that in the future, society may benefit from this study to develop training programs or seminars for people in Ministry as it relates to Caregivers, Spiritual Caregivers and Christians Soul Care with a family member.

COMPENSATION

You will not be compensated for participating in this research project.

CONFIDENTIALITY

Records of participation in this research project will be kept confidential to the extent permitted by law. No one has access to the data. In the event of any report or publication from this study, your identity will not be disclosed. Results will be reported in a summarized manner so that you cannot be identified.

VOLUNTARY PARTICIPATION

Taking part in this research study is voluntary. You may choose not to take part at all. If you agree to participate in this study, you may stop participating at any time. If you decide not to take part, or if you stop participating at any time, your decision will not result in any penalty or loss of benefits to which you may otherwise be entitled. Any data collected from the participant who withdraws prior to completing the study will be destroyed and excluded from the study results.

QUESTIONS

Questions are encouraged. If you have any questions about this research project, please contact: Gwendolyn Sams-Lynch at (508) 314-2825 or glynch287@att.net. If you have questions about your rights as a participant, please contact the Co-Chair of the Institutional Review Board, Dr. David A. Currie, at: dcurrie@gordonconwell.edu or 978-646-4176.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Participant's Name (printed):

_____

_____ _____

(Signature of Participant) (Date)

RESEARCHER STATEMENT

I have discussed the above points with the participant. It is my opinion that the participant understands the risks, benefits, and procedures involved with participation in this research study.

Gwendolyn Sams-Lynch March 8, 2022

(Signature of Researcher) (Date)

APPENDIX B: QUESTIONNAIRE

Questionnaire for Church Leaders (Pastors, Assistant Pastors, Elders, Ministers, Evangelists, Deacons, First Ladies, Church Mothers, Itinerant Ministers, Ministry Leaders' who serve / have served as a Caregiver, Spiritual Caregiver or Christian Soul Care to a Family Member

The following questionnaire will be used to draw on the experiences and concerns of Church Leaders or assistants to the Pastor in the Church as a Caregiver, Spiritual Caregiver, and Christian Soul Care to their family member. Reponses will generate further study in the implementation to support the development of training programs or seminars in the Christian community. Please provide thorough and detailed answers to the following questions. You may use the space provided or attach additional pages as necessary.

TERMINOLOGY

CAREGIVER - a person who assumes the responsibilities for the physical and emotional needs of someone who is incapable of self-care.
SPRIRITUAL CAREGIVER (a term often interchangeable with 'pastoral care') - is someone who has a belief or is a member of an organized religious institution and helps someone in their care to find the meaning, purpose, and value of life.
CHRISTIAN SOUL CARE - is taking time to find peace with God or care of ones' spiritual well-being.

1. Did you and your family member belong to the same church?

   _____

2. Did his/her health/illness affect their involvement with the church?

   _____

3. Did his/her health/illness affect your involvement with the church?

   _____

4. How long have/had you been providing care?

   _____

5. Who would take over caregiving if you were no longer able to provide it?

   _____

6. Was there anything you were hoping for the loved one being cared for or yourself?

   _____
   _____

_____

_____

7. Were you able to give your love one spiritual support? How did you support them spiritually?

   _____

8. Who supported you spiritually?

   _____

   _____

9. How did you become involved in caregiving?

   _____

   _____

10. Was your involvement voluntary?

    _____

11. Did your relationship with God influence your care for the person in need?

    _____

12. What spiritual resources could you draw upon when feeling overwhelmed?

    _____

    _____

    _____

13. Did you have prior caregiving experiences?

    _____

14. What were your best caregiving experiences with your family member?

    _____

    _____

    _____

15. What were your worst caregiving experiences with your family member?

    _____

    _____

    _____

16. In what areas (Caregiver, Spiritual Caregiver, and Christian Soul Care) could you use more education or training?

    _____

17. How did you or your loved one feel about nursing-home placement?

    _____

18. What concerns did you see as a Caregiver for a family member?

_____
_____

19. What has been your experience to be an effective Caregiver to a family member?

_____
_____
_____

20. Has caregiving changed your life? If yes, how has it changed your life?

_____
_____
_____

21. Were there challenges as a Spiritual Caregiver to a family member?

_____
_____

22. What is/was the biggest risk for you to make as a Caregiver to a family member?

_____
_____
_____

23. How did you feel as a Caregiver of a family member?

_____
_____
_____

24. What annoyed you about being a Caregiver?

_____
_____

25. Did your caregiving experience encompass a multitude of activities? If so, how?

_____

26. What was the main reason you chose to be a Caregiver to a family member?

_____
_____
_____

27. Are you happy with your experience as a Caregiver to a family member?

_____

28. What would you say was your most rewarding time as a Caregiver to a family member?

_____

29. Did you help with the medical decision for your loved one and/or were you present when Medical decisions were made? _____

30. Were you ever involved with your loved one when they were receiving medical care (e.g. doctor's office visit, in the hospital, home health care visit, nursing home, etc.)?

_____

31. How much help do you receive from others, including family members, religious institutions, and professional agencies?

_____

_____

32. What training do you envision for Pastors or Ministers as Caregiver, Spiritual Caregiver or Christian Soul Care of a family member?

_____

_____

_____

33. What recommendations can you make about incorporating a training seminar to Pastors and Ministers as a Caregiver of a family member?

_____

_____

_____

34. What advice would you give to other Pastors, Leaders, and informal (family) caregivers?

_____

_____

_____

35. Did you receive help with an **Outside Caregiver** for your family member?

_____

36. If yes, in your opinion were they useful? __ Very Much __ Somewhat __Neither

37. If yes, in your opinion were they caring? __ Very Much __ Somewhat __Neither

38. Was caregiving 1) a duty 2) a burden 3) a privilege 4) a blessing 5) a little bit of both

39. How would you rate your experience as a Spiritual Caregiver?
1) Very experienced 2) Experience 3) Some experience 4) No experience

40. Did your loved ones' illness have an impact your ministerial vocation?

_____

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